

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000067723

**FILED**  
**Mar 14, 2009**  
**Secretary of State**

**Entity Name:** POLLARD TENNIS INC

**Current Principal Place of Business:**

1956 KING RICHARD DR  
TITUSVILLE, FL 327961034 US

**New Principal Place of Business:**

5891 HUMMINGBIRD CT  
TITUSVILLE, FL 32780 US

**Current Mailing Address:**

1956 KING RICHARD DR  
TITUSVILLE, FL 327961034 US

**New Mailing Address:**

5891 HUMMINGBIRD CT  
TITUSVILLE, FL 32780 US

**FEI Number:** 20-1044539

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

POLLARD, MICHAEL R  
1956 KING RICHARD DR  
TITUSVILLE, FL 327961034 US

**Name and Address of New Registered Agent:**

POLLARD, MICHAEL R  
5891 HUMMINGBIRD CT  
TITUSVILLE, FL 32780 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL R POLLARD

03/14/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: POLLARD, MICHAEL R  
Address: 1956 KING RICHARD DR  
City-St-Zip: TITUSVILLE, FL 327961034 US

Title: VP ( ) Delete  
Name: POLLARD, DEBRA L  
Address: 1956 KING RICHARD DRIVE  
City-St-Zip: TITUSVILLE, FL 327961034 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: POLLARD, MICHAEL R  
Address: 5891 HUMMINGBIRD CT  
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VP (X) Change ( ) Addition  
Name: POLLARD, DEBRA L  
Address: 5891 HUMMINGBIRD CT  
City-St-Zip: TITUSVILLE, FL 32780 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R POLLARD

P

03/14/2009

Electronic Signature of Signing Officer or Director

Date