

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED *g 2*

07 FEB 12 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

TROMBETTA TENNIS ACADEMY INC.

000088981810
02/22/07--01001--007 **308.75

000088981810
02/22/07--01001--008 **141.25
CR2E081 (12/05)

2. Principal Office Address

100 EGRET DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 1346

Suite, Apt. #, etc.

City & State

HALLANDALE, FLORIDA

City & State

HALLANDALE, FLORIDA

Zip

33009

Country

USA

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/29/2004

5. FEI Number

41-2135828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TODD TROMBETTA

Street Address (P.O. Box Number is Not Acceptable)

100 EGRET DRIVE

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	TODD TROMBETTA	100 EGRET DRIVE	HALLANDALE, FL 33009

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Todd Trombetta

Date

1-5-07

(954) 4571459
Daytime Phone #

282

Trombetta Tennis Academy Inc.
100 Egret Drive
Hallandale, FL 33009
954-457-1459

January, 5, 2007

To whom it may concern,

I'm writing to let you know that our corporation did not receive notices in the year of dissolution. Please waive the reinstatement fee.

Thank you,


Todd Trombetta

Registered Agent/Director

We also did not receive notices in the years prior and following the dissolution.

Although our physical address is 100 Egret Drive we receive our mail at P.O. Box 1346 Hallandale Beach Florida 33009

Please mail future notices to this address

Thank You


Todd Trombetta