

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY -5 AM 10:55

DOCUMENT # P04000135833

1. Corporation Name

ZALAT OF TENNIS INC.

2. Principal Office Address - No P.O. Box #

3285 CARAMBOLA CIR S

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FLORIDA

Zip

33066

Country

US

3. Mailing Office Address

665 SE 10TH STREET

Suite, Apt. #, etc.

201

City & State

DEERFIELD BEACH, FLORIDA

Zip

33441

Country

US

7. Name and Address of Current Registered Agent

Name

ANGELA DICRESCENZO

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

665 SE 10TH STREET

Suite, Apt. #, Etc.

SUITE 201

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

Angela Dicrescenzo CPA
REGISTERED AGENT MUST SIGN

Date

4/29/2009

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
PST	ALI ZALAT	3285 CARAMBOLA CIRCLE S	COCONUT CREEK, FL 33441

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:

Ali Zalat

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/09

Daytime Phone #

400155485224
05/05/09--01040--020 ***450.00

REINSTATEMENT 07-09KS

4. Date Incorporated or Qualified
To Do Business in Florida

09/28/2004

5. FEI Number
20-1692114

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.