

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

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

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 Zip Code  
FL 33441

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.

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 Di Crescenzo 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 Zalata*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*4/29/09*

Daytime Phone #

400155465224  
05/05/09--01040--020 \*\*450.00  
**REINSTATEMENT** 07-09KS