

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 NOV -5 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

PD5000062111

1. Corporation Name

ULTRA TENNIS ACADEMY, INC

000137666700
11/05/08--01020--018 **308.75

REINSTATEMENT 07-08
CR2E081 (10/08)

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

3031 Horizon LN

Suite, Apt. #, etc.

Apt 2304

City & State

NAPLES, Florida

Zip

34109

Country

US

3. Mailing Office Address

3031 Horizon LN

Suite, Apt. #, etc.

Apt 2304

City & State

NAPLES, Florida

Zip

34109

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/27/05

5. FEI Number

NONE

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

NESTOR NUNEZ

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

3031 Horizon LN

Suite, Apt. #, Etc.

Apt 2304

City

NAPLES, FL

State

FL

Zip Code

34109

☒ 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

Nestor Nunez

REGISTERED AGENT MUST SIGN

Date Nov 03/08

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
P	NESTOR NUNEZ	3031 Horizon LN Apt 2304 Naples FL	Naples / FL / 34109

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:

Nestor Nunez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 03/08 (941) 534 3355

Date

Daytime Phone #

2011/6