

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUL 14 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000114458

1. Corporation Name

FRANCISCOMONTANATENNIS, INC.

*[Handwritten Signature]*

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

55 MERRICK WAY

Suite, Apt. #, etc

UNIT 503

City & State

CORAL GABLES, FL

Zip

33134

Country

US

3. Mailing Office Address

SAME

Suite, Apt. #, etc

City & State

700183272327  
07/14/10--01002--016 \*\*1050.00  
**REINSTATEMENT** 08-10

4. Date Incorporated or Qualified

To Do Business in Florida 10/17/2007

5. FEI Number

39-2064700

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

FRANCISCO MONTANA

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

55 MERRICK WAY

Suite, Apt. #, Etc

UNIT 503

City

CORAL GABLES

State

FL

Zip Code

33134

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 07/09/2010

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
P	FRANCISCO MONTANA	55 MERRICK WAY, #503	CORAL GABLES, FL 33134

10. E-mail Address: FRANCISCOMONTANATENNIS@GMAIL.COM

(To be used for future annual report notification)

11. 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. I further certify 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:

*Francisco Montana III*

July 13, 2010

305-877-5226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #