

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 DEC 21 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016237

1. Corporation Name

POLING TENNIS CAMPS, INC.

Principal Place of Business

Mailing Address

703 ORANGE CT.  
ROCKLEDGE FL 32955

703 ORANGE CT.  
ROCKLEDGE FL 32955

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

2021 Temple Drive  
Suite, Apt. #, etc.  
Winter Park Fla  
City & State

2021 Temple Dr.  
Suite, Apt. #, etc.  
Winter Park Fla  
City & State

Zip 32789 Country Orange

Zip 32789 Country ORANGE

4. Date Incorporated or Qualified  
To Do Business in Florida

02/23/1995

5. FEI Number

59-3300656

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status



REINSTATEMENT 98

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	POLING, JAMES F	703 ORANGE CT. 2021 Temple Dr.	ROCKLEDGE FL 32955 Winter Park, Fla 32789
VP	POLING, RICHARD	104 COLONIAL HOUSE, BANANA RIVER	COCOA BEACH FL 32943
ST	POLING, MARIANNE I	703 ORANGE CT. 2021 Temple Dr.	ROCKLEDGE FL 32955 Winter Park, Fla 32789
			400002724314-2 -12/23/98-01016-001 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

POLING, JAMES F  
703 ORANGE CT.  
ROCKLEDGE FL 32955

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*James Poling*

REQUIRED

REGISTERED AGENT MUST SIGN

Date 12/18/98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. 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 under section 119.07(3)(i), 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:

*James Poling*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/98  
Date

407-646-2605  
Daytime Phone #

CR2E040 (9/98)