

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Samira B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

P95000021276

97 DEC 31 PM 2:29  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P95000021276

1. Corporation Name

~~Longboat Key Tennis Center, Inc.~~

Longboat Key Tennis Center, Inc.

Principal Place of Business

Mailing Address

P.O. Box 10505

Longboat Key, FL 34228

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

3/15/95

5. FEI Number

65-0569418

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Richard A. Schlorf	1932 Harbourside Drive, Unit 233	Longboat Key, FL 34228
VS/P	John Mrachek	2089 Gulf of Mexico Drive	Longboat Key, FL 34228

8. Name and Address of Current Registered Agent

David P. Johnson, Esquire  
2201 Ringling Blvd., Ste. 104  
Sarasota, FL 34237

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

700002389247-7

-01/05/98-01045-004

\*\*\*998.005 Z\*\*\*915.00

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

David P. Johnson

REGISTERED AGENT MUST SIGN

Date

12/24/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Richard A. Schlorf  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard A. Schlorf, President

12/24/97 (941) 383-2373  
Date Daytime Phone #

CR2500 (2/95)