

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR -7 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000016442**

1. Corporation Name

LAKE SHORE TENNIS CENTER, INC.

2. Principal Office Address

1282 N.E. 181 ST.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH FL

Zip

33162

Country

USA

3. Mailing Office Address

1282 N.E. 181 ST.

Suite, Apt. #, etc.

City & State

N. MIAMI BEACH FL

Zip

33162

Country

USA

600013693176

03/07/03--01053--011 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

02-22-1996

5. FEI Number

65-066023

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

JUAN E. SERRANO

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

1282 N.E. 181 STREET

Suite, Apt. #, Etc.

City

N. MIAMI BEACH

State
FL

Zip Code

33162

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

REGISTERED AGENT MUST SIGN

Date **3-4-03**

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	Juan E. Serrano	1282 N.E. 181 - STREET	N. MIAMI BEACH FL 33162

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 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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan E Serrano, President

Date

3-4-03 786-346-3809

Daytime Phone #

CR2E081 (10/02)

7 3110

LAKESHORE TENNIS CENTER, INC.
1282 N.E. 181 STREET
N. MIAMI BEACH, FL 33162

MARCH 4, 2003

DEPT OF STATE
DIVISION OF CORPORATIONS

RE: LAKESHORE TENNIS CENTER, INC.
DOCUMENT # P96000016442

PLEASE WAIVE THE REINSTATEMENT PENALTY OF \$600.00. THE
CORPORATIONS ADDRESS CHANGED AND WE NEVER RECEIVED THE 2002
UBR OR ANY NOTICES SENT FROM YOU. ENCLOSED IS A CHECK IN THE
AMOUNT OF \$300.00 AND THE REINSTATEMENT FORM.

THANKING YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN
RESOLVING THIS MATTER.


JUAN E. SERRANO
PRESIDENT