

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 MAR -8 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000071133 (8)

1. Corporation Name

FAMILY TENNIS CENTER, INC

Principal Place of Business

Mailing Address

12179 S. APOPKA VINELAND RD.
ORLANDO, FLA. 32836-0124

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

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/96

5. FEI Number

65-0820725

Applied For

Not Applicable

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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)

| 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 |
|---------------|---|--|-------------------------|
| PRES. | GRACIE LA CARBONELL | 12179 S. APOPKA VINELAND RD. | ORLANDO, FL. 32836 |
| SEC. | EMILIO SORIANO | 12179 S. APOPKA VINELAND RD. | ORLANDO, FL. 32836 |
| Director | | | |
| | | | |
| | | | |
| | | | |

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****308.75 ****308.75

8. Name and Address of Current Registered Agent

EMILIO SORIANO
12179 S. APOPKA VINELAND, RD.
ORLANDO, FL 32836-0124

9. Name and Address of New Registered Agent

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

Emilio Soriano

REGISTERED AGENT MUST SIGN

Date

03/08/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

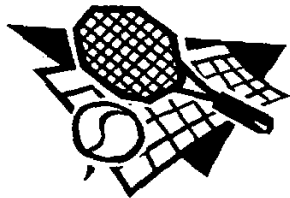
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. Further, certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the 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)(b), 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:

Emilio Soriano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/08/99
Date

(408)
654-5110
Daytime Phone #



Family Tennis Center, Inc.

12179 S. Apopka Vineland Rd. Orlando, FL 32836

407-654-5110

P.O.Box 22061
Lake Buena Vista
Florida 32830

March 08, 1999
Orlando, Fla.

Mr. Tyron Scott.
Dvision of Corporation
P.O. Box 6327
Tallahassee, Fl. 32314

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Dear Mr. Scott.

The information you gave me over the phone, in which all the papers with our Annual Report and the Check for \$150.00 it was returned to us for correction. Included is the copy of the 1998 and the copy of the chec first on 11/02/98 and second in 03/10/98.

This letter is to waive the reinstatement fee, as you told me. Included is the Check #1054 - 03/08/99 for \$308.75 for the Annual Report of 1998 and 1999 with the Certificate of Status- \$8.75.

Please change our records to the New Address as follow:

Family Tennis Center, Inc.
12179 S. Apopka Vineland Rd.
Orlando, Fla. 32836-0124

I really appreciate your wonderful cooperation about this matter,
and Thank You once again.

Sincerely,

Emilio Soriano.
Registered Agent.