

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
RESTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 MAY -2 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000072719*

1. Corporation Name

*KIM SANDS TENNIS SERVICES, INC*

2. Principal Office Address

*1065 NW 117 ST*

Suite, Apt. #, etc.

City & State

*MIAMI, FLORIDA*

Zip

*33168*

Country

*USA*

3. Mailing Office Address

*1065 NW 117 ST*

Suite, Apt. #, etc.

City & State

*MIAMI, FLORIDA*

Zip

*33168*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

*9/3/96*

5. FEI Number

*05-0690857*

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

100005509441--0

-05/14/02--01060--001

\*\*\*\*150.00 \*\*\*\*150.00

7. Name and Address of Current Registered Agent

Name

*KIM Y. SANDS*

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

*1065 NW 117 ST*

Suite, Apt. #, Etc.

City

*MIAMI*

State

*FL*

Zip Code

*33168*

100005509441--0

-05/14/02--01060--002

\*\*\*\*150.00 \*\*\*\*150.00

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

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
<i>P</i>	<i>KIM Y. SANDS</i>	<i>1065 NW 117 ST</i>	<i>MIAMI, FL 33168</i>

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)(c), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Kimberly V. Sands* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/07*  
Date

*(705) 335-6335*  
Daytime Phone #

***KIM SANDS TENNIS SERVICES, INC.  
C/O KIM SANDS  
1065 NW 117 STREET  
MIAMI, FL 33168***

April 30, 2002

Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Reinstatement of Corporation  
Document Number – P96000072719**

Dear Sir/Madam,

Enclosed please find and accept our corporation reinstatement form accompanied by two checks for \$150.00 each, which constitutes \$150 for each year for 2001 and 2002.

Please be advised that it has come to our attention that we never received the 2001 annual corporate return and consequently never filed for it. It is very probable that we never received the form due to that we had moved. Please note that we have change the mailing address on line 3 of the reinstatement form to ascertain the receipt of this form next year.

Please accept this filing and payment due to the aforementioned explanation and abate the penalty fee for reinstatement.

Our CPA has also informed us and we hereby acknowledge that we are now responsible for filing the annual corporation report to the State of Florida each year regardless if we receive the form or not and should you extend consideration to abate this reinstatement penalty it would be for this time only.

We thank you in advance for any consideration you may extend and cooperation.

Sincerely,

*Kimberly V. Sands*  
Kim Sands, President