

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
04 APR 28 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000082772

1. Corporation Name

VILLAGE TENNIS CLUB, INC.

2. Principal Office Address

165 Martin Circle

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

Zip

33411

Country

USA

3. Mailing Office Address

165 Martin Circle

Suite, Apt. #, etc.

City & State

Royal Palm Beach FL

Zip

33411

Country

USA

REINSTATEMENT 09-04

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

10/03/1996

5. FEI Number

65-0704036

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

JOHN KELLER, JR.

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

165 Martin Circle

Suite, Apt. #, Etc.

City

Royal Palm Beach

State

FL

Zip Code

33411

8. I, being appointed the registered agent of the abovenamed corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

04/20/04

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
Pres. Treas. Director	John Keller, Jr.	165 Martin Circle	Royal Palm Beach FL 33411
Secretary	Harriet (Penny) Marsala	463 Lake Frances Dr.	West Palm Beach FL 33411

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 317.0401, 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)(l), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/04 561-798

Date

Daytime Phone

2050

CR2E081 (01/04)