

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 APR 22 PM 6:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99-02UBK 198000105013

1. Corporation Name

PROFESSIONAL TENNIS COURT CARE, INC.

2. Principal Office Address

9493 Majestic Way

3. Mailing Office Address

9493 Majestic Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

Zip

33437

Country

USA

Zip

33437

Country

USA

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

12/18/98

5. FEI Number

65-0882184

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

William R. Merkle

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

1901 S. Congress Avenue

Suite, Apt. #, Etc.

Suite 120

City

Boynton Beach

State

FL

Zip Code

33426

600005432126-4

-05/03/02--01007--018

****600.00 ****600.00

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

William R. Merkle

Date April 17, 2002

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./ Dir.	Kenneth G. Simms	9493 Majestic Way	Boynton Beach, FL 33437
V.P./T Dir.	Kenneth G. Simms, Jr.	375 Indian Wells Boulevard	Boynton Beach, FL 33437
Sec'y/ Dir.	Bradley D. Simms	375 SE Sandpiper Drive	Boynton Beach, FL 33436

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:

Kent G. Simms

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 2002 561-732-8773

Date

Daytime Phone #

CR2E081 (9/01)

2012

LAW OFFICE

WILLIAM R. MERKLE, P.A.

WOOLBRIGHT CORPORATE CENTER
1901 SOUTH CONGRESS AVENUE, SUITE 120
BOYNTON BEACH, FLORIDA 33426-6549

WILLIAM R. MERKLE

TELEPHONES:
(561) 732-2626
(561) 732-0702
FAX (561) 732-0706

April 17, 2002

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

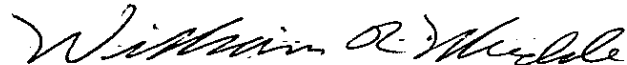
Re: Professional Tennis Court Care, Inc.

Dear Sir or Madam:

Enclosed is the Corporation Reinstatement Form for the above corporation and a check for \$600.00 Reinstatement Fee. The corporation did not receive previous Annual Reports.

Please notify me if anything else is required.

Yours respectfully,



William R. Merkle

:WRM

Enclosure

12936