

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. D

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 21 PM 1:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000016259**

**1. Corporation Name**

**CLAUDIO CHAPPUZEAU TENNIS PROFESSIONALS,  
INC.**

**2. Principal Office Address**

**5760 S.W. 56TH TERRACE**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

**33143**

Country

**USA**

**3. Mailing Office Address**

**5760 S.W. 56TH TERRACE**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

**33143**

Country

**USA**

**REINSTATEMENT 06-03**

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

**02/18/99**

**5. FEI Number**

**65-0907902**

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

**CLAUDIO CHAPPUZEAU**

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

**5760 S.W. 56TH TERRACE**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33143**

**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 **10/20/03**

**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/D	CLAUDIO CHAPPUZEAU	5760 S.W. 56TH TERRACE	MIAMI, FLORIDA 33143

**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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**CLAUDIO CHAPPUZEAU**

**10/20/03**

Date

**305-460-5360**

Daytime Phone #

CR2E081 (10/02)

ARTHUR I. BROWN, P.A.  
CERTIFIED PUBLIC ACCOUNTANT

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14707 SOUTH DIXIE HIGHWAY  
SUITE 200  
MIAMI, FLORIDA 33176

MEMBER  
AMERICAN INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS  
FLORIDA INSTITUTE OF  
CERTIFIED PUBLIC ACCOUNTANTS

10/20/03

Gentlemen:

PLEASE PROCESS THE ENCLOSED CORPORATE REINSTATEMENT  
AS SOON AS POSSIBLE AND SEND CONFIRMATION IMMEDIATELY.  
THANK YOU FOR YOUR ATTENTION AND COOPERATION.

Sincerely,

Arthur I. Brown, CPA