

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -7 AM 7:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *pg90000 41458*

1. Corporation Name

LCJ Tennis Inc.

REINSTATEMENT

03-04

400031836844

04/05/04--01056--007 **308.75

2. Principal Office Address

40 McKailand Sterling CPA Office

Suite, Apt. #, etc.

636 US Highway 1 Suite 118

City & State

North Palm Beach FL

Zip

33408

Country

Palm Beach

3. Mailing Office Address

8 Birch Woods Dr.

Suite, Apt. #, etc.

City & State

Beverly MA

Zip

01915

Country

Essex

4. Date Incorporated or Qualified
To Do Business in Florida

5/3/1999

5. FEI Number

650 919 372

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

Lennart Jonason c/o McKailand Sterling CPA Office

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

636 US Highway 1

Suite, Apt. #, Etc.

Suite 118

City

North Palm Beach

State

FL

Zip Code

33408

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

Lennart Jonason
REGISTERED AGENT MUST SIGN

Date *3/30/04*

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>President</i>	<i>Lennart Jonason</i>	<i>8 Birch Woods Dr.</i>	<i>Beverly MA 01915</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)(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

3/30/04 *978-969-2559*
Date Daytime Phone #

CR2E081 (01/04)