

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION
FOR



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

FILED

00 OCT 18 AM 9:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P99000078080

1. Corporation Name

AUBURNDALE TENNIS SHOP, INC.

Principal Place of Business

Mailing Address

202 WILEY DRIVE
AUBURNDALE FL 33823

202 WILEY DRIVE
AUBURNDALE FL 33823

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

59-3590739

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	2	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director	4	City / State / Zip
PST		SMITH, MATTHEW		202 WILEY DRIVE		AUBURNDALE FL 33823

400003447794--9
-11/01/00--01113--007
****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, MATTHEW
202 WILEY DRIVE
AUBURNDALE FL 33823

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Matthew Smith
REGISTERED AGENT MUST SIGN

Date 10-11-00

11. 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

Matthew Smith

Date

Daytime Phone #

10-11-00

KE

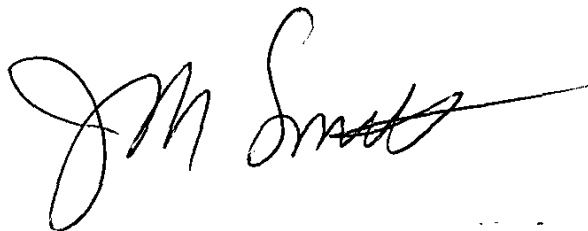
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CR2E040 (8/00)

ATS

ent of State

espondence of notification of dissolution of this Corporation as the first I recieved. In
g your office I was instructed to send this letter with an enclosed check for \$150.00.
ntact myself at the numbers below if there is any further problem.



J. Matthew Smith

Auburndale Tennis Shop, Inc

Phone: (863) 965-5544

Fax: (863) 965-6319

mattsmith2U@juno.com

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