APPLICATION FOR FOR FOR FOR FOR FOR FOR FOR AUBURNDALE TENNIS SHOP, INC. Pricipal Place of Business AUBURNDALE TENNIS SHOP, INC. AUBURNDALE TENNIS SHOP, INC. AUBURNDALE TENNIS SHOP, INC. AUBURNDALE TENNIS SHOP, INC. AUBURNDALE T. 3822 AUBURNDALE T. 3822 AUBURNDALE T. 3822 AUBURNDALE T. 3822 AUBURNDALE T. 3823 AUBURNDALE T. 3824 AUBURNDALE T. 3824 AUBURNDALE T. 3824 AUBURNDALE T. 3825 AUBURNDALE T. 3824 AUBUR		Р	LEASE READ	ALL INST	RUCTI	ONS BEFOR	EC	OMPLETI	NG THIS FORM.	2	
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##### Source addresses are recorrect in any way, line through incorrect information and enter correction below. ###################################	AUBU	KNDALE	LEININIS SHOP,	INNIS SHOP, INC.					TALLAHASSEE F	LORIDA	
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Suite, Apt. 4 (c.) Suite, Apt. 5 (c.) Suite, Apt. 5 (c.) Suite, Apt. 6 (c.) Suite, Apt. 7 (c.) Suite, Apt. 7 (c.) Suite, Apt. 6 (c.) Suite, Apt. 6 (c.) Suite, Apt. 7 (c.) Suite,		'				dress, If Applicable	To De Business in Florida			0/1999	
Zip Country Zip Country Centrificate of Status besided Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Name of Officers								5. FEI Number Applied For			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (City / State / Zip PST SMITH, MATTHEW 202 WILEY DRIVE AUBURNDALE FL 33823 8. Name and Address of Current Registered Agent Name SMITH, MATTHEW 202 WILEY DRIVE AUBURNDALE FL 33823 8. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Sults, Apt. #, Etc. City FL 10. I, being appointed the registered agent of the above nemed officeration, an familiar with and accept the obligations of Section 607,0505, F.S. Signature of Registered Agent 11. Locatify that I am an officer or director or the receiver or trustee empowered to the submit is enhalted and application have been poid and the names of individuals listed on this tom do not qualify for an examption under section 119,07(3)(), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legisl effect as if made under ceth.			Country			Country		6. \$8.75		Additional Fee required	
PST SMITH, MATTHEW 202 WILEY DRIVE AUBURNDALE FL 33823 8. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent 9. Name and Address of New Registered Agent Name SMITH, MATTHEW 202 WILEY DRIVE AUBURNDALE FL 33823 8. Name and Address of New Registered Agent Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 10. I, being appointed the registered agent of the pbove names of pration, am familiar with and scept the obligations of Section 607.0505, F.S. Signature of Registered Agent REGISTERED AGENT MOST SIGN 11. Locatify that I am an officer or director or the reviewer 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. KE	7. Names a	and Street Addre	esses of Each Officer and/	or Director (Flo	t corporations must lis	t at lea	Tota destinicate of status				
PST SMITH, MATTHEW 202 WILEY DRIVE AUBURNDALE FL 33823 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Apt. #, Etc. City Registered Agent 10. I, being appointed the registered agent of the above named comparation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent The Registered Agent Agent Agent Agent Agent Most TSIGN 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 pelid and the names of individuals listed on this torm do not quality for an examption under section 119.07(3)(i), F.S. The information indicated on this application is true and occurate, and my signature shall have the same legal effect as if made under cash. KE	Title(s)	Title(s) and/or Directors			Off			City / State / Zip			
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OION, TORE.	SIGNATURE: SIGN		Madheu Sun Signing OFFICER OR DIRECTOR					10.11.00			



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L 33823

espondence of notification of dissolution of this Corporation as the first I recieved. In your office I was instructed to send this letter with an enclosed check for \$150.00. itact 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