

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:44

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

59-3590739

Applied For

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)

1 Title(s)	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

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. or 617.0505, F.S.

Signature of
Registered Agent

James Smith
REGISTERED AGENT MUST SIGN

Date

10-21-02

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:

James Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-21-02 (863) 965-5544

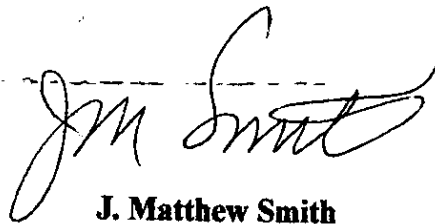
CR2040 (8/02)

ATS

Department of State

This correspondence of notification of dissolution of this Corporation is the first I recieved. In contacting your office I was instructed to send this letter with an enclosed check for \$150.00. We are a small tennis program that is housed in a public building and often have mail misplaced. In the future I will assure prompt payment of corporate dues

Please contact myself at the numbers below if there is any further problem.



J. Matthew Smith

Auburndale Tennis Shop, Inc

202 Wiley Drive
Auburndale, FL 33823

Phone: (863) 965-5544

Fax: (863) 965-6319

mattsmith2U@juno.com