

APPLICATION
FOR
REINSTATEMENT



FILED

96-DEC 30 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V36515**

J.S. TENNIS, INC.

8801 W OAKLAND PK BLVD
SUNRISE FL 33351
US

8601 W OAKLAND PK BLVD
SUNRISE FL 33351
US

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

REINSTATEMENT all

05/15/1892

65-0334394

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**

**\$8.75 Additional Fee required
for a Certificate of Status**

Title(s)	1	Name of Officers and/or Directors	2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	3	City / State / Zip	4
D		SCOTT, JIM		6900 NW 30 AVE 4643 NW 90 AVE		FT LAUDERDALE FL	SURFIDE FL 33351
						700002045337--2	-01/03/97--01132--025
						***375.00	***375.00

9. Name and Address of New Registered Agent

SCOTT, JIM
9601 W OAKLAND PK BLVD
SUNRISE FL 33351

Name _____

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

Sulte, 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**

REGISTERED AGENT MUST SIGN

Date 12/1/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 _____ is form do not qualify for an exemption under section 110.07(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

12/1/96
Date

(954) 572-2206
Daytime Phone #

0000079 AF