PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR [redacted]

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

FILED
01 OCT 29 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **733005**

1. Corporation Name

THE COURTYARD, INC.

Principal Place of Business	Mailing Address
~~205 2ND STR S~~ NAPLES FL 34102 US	~~205 2ND STR SO~~ NAPLES FL 34102 US

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
215 2nd STR, SO.	215 2nd STR. SO.
Suite, Apt. #, etc. NAPLES	Suite, Apt. #, etc.
City & State FL 34102	City & State NAPLES, FL
Zip ~~FL~~ 34102 Country USA	Zip 34102 Country USA

4. Date Incorporated or Qualified To Do Business in Florida **06/06/1975**

5. FEI Number **59-2363443** Applied For / Not Applicable

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
PD	DIBELER, VERNON H	215 SECOND ST SOUTH	NAPLES FL 34102
V	FOY, HAROLD	BOX 1545	CAPE CORAL FL 33910
TD	DELISO, CLEMENT J SR	352 LON~~H~~GHILL ST	SPRINGFIELD MA 01108
SD	DIBELER, VIRGINIA	215 2ND ST S	NAPLES FL 34102

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
[redacted]	Name VERNON H. DIBELER Street Address (P.O. Box Number is Not Acceptable) 215 SECOND St. SOUTH Suite, Apt. #, Etc. City Naples State FL Zip Code 34102

CR2E040 (8/01)

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 *Vernon H. Dibeler* Date *October 19, 2001*
REGISTERED AGENT MUST SIGN

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: *Vernon H. Dibeler* VERNON H. DIBELER, PD *October 19, 2001* (941) 263-0804
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #