

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 12 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751437

1. Corporation Name

KINGS COURT VILLAS, INC

2. Principal Office Address - No P.O. Box #

810 Kings Court

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 7555

Suite, Apt. #, etc.

City & State

Punta Gorda

City & State

North Port

Zip

33950

Country

USA

Zip

34287

Country

USA

REINSTATEMENT 01-07

CR2E081 (1/07)

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

03/07/1980

5. FEI Number

59-2040997

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brenda Binder

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

1485 Fitzgerald Road

Suite, Apt. #, Etc.

City

North Port

State

FL

Zip Code

34288

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

Brenda A Binder

REGISTERED AGENT MUST SIGN

Date

1/22/07

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Brian Wells	25188 Marion Ave-Villa 32	Punta Gorda, FL 33950
VPD	Carole DeStefano	1601 Park Beach Circle #131	Punta Gorda, FL 33950
T,S	Brenda Binder	1485 Fitzgerald Rd.	North Port, FL 34288

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10. 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 contained in Chapter 119, 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:

Brian E. Wells

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-22 1-941-575 0685

Daytime Phone #

X 2/13