PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION FOR** REINSTATEMENT



FLORID

02 FEB - 1 PM 2: 20

SECACIA EX UM STATE TALEAHASSEE, FLORIDA



**DOCUMENT # 756081** 

1. Corporation Name

THE COURTYARD VILLAS CONDOMINIUM

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MIAMI,	${f FL}$	3301	15	_	
,					

ASSOC	CIATION, INC.								
18000	N.W. 68 AVE # <b>3/</b> , FL 33015	Mailing Addre							
If above a	addresses are incorrect in any way, lin incipal Office Address, If Applicable	e through incorrect int	ormation and enter or g Office Address, If A	pplicable	Date Incom	porated or Qualified	10011001		
		Suite Apt #.	Suite, Apt. #, etc.			To Do Business in Florida0 1 /-28 /-1-98-1			
Outre, Apr. #1 oto.				<u> </u>	5. FEI Number 59 = 2	Applied For  Not Applicable			
City & State		City & State	City & State			6. \$8.75 Additional Fee of			
Zip Country Zip		Zip			CERTIFICATE OF STATUS DESIRED for a Certificate of State				
7. Names	and Street Addresses of Each Officer	and/or Director (Flor	ida nonprofit corporat	ions must list at le	ast 3 directors)				
Title(s) Name of Officers and/or Directors		s	Stre	et Address of Eact cer and/or Directo e Post Office Box	h r	City / State / Zip			
PD	KATHY NONINO		18000 N.V	N.68 AVE	# 312	MIAMI, FL	33015		
 SD	ISABEL BUCCIANT	E	18000 N.V	V.68 AVE	# 314	MIAMI, FL	33015		
TD GAIL WINNER			18000 N.V	1.68 AVE	# 410	MIAMI, FL	33015		
	,				41	0000492 -02/14/02- ****122.5	66642 -01 <b>03</b> 018 0 ###122.50-		
	10	Desistered Age			9. Name and	Address of New Registe	ered Agent		
8. Name and Address of Current Registered Agent				Name KATHY NONINO					
ARNOLD YABLIN, PA. 699 S.FEDERAL HWY HOLLYWOOD, FL 33020				Street Address (P.O. Box Number is Not Acceptable) 18000 N.W. 68 AVE # 312  Suite, Apt. #, Etc.					
				City MIAM	_		State Zip Code 33015		
10. I, beir Signature Registere	ng appointed the registered agent of the of ad Agent	meno	oration, am familiar w	th and accept the	obligations of Se	Date1/8/	2002		
11. T	his corporation owes on tangible Personal Pro	or has paid th perty tax due	e current ye June 30	ar Yes 🖸	No C		er side for information intangible tax.)		
	ify that I am an officer or director or the			this application as	provided for in o	hapter 607 or 617, F.S. I fu its of section 607.0401 or 6	orther certify that when filing 117.0401, 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: 3

KATHY NONINO FED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 208

#### THE COURTYARD VILLAS CONDOMINIUM ASSOCIATION, INC.

## 18000 N. W. 68 AVE. APT. #312

## MIAMI, FLORIDA 33015

**JANUARY 29, 2002** 

DIVISION OF CORPORATION

P.,O. BOX 6327

TALLAHASSEE, FLORIDA 32314

REF: THE COURTYARD VILLAS CONDOMINIUM ASSOCIATION, INC.

**REF. NUMBER: 756081** 

ATTN:: BARBARA MITCHELL

DEAR MRS. MITCHELL:

ACCORDING OUR PHONE CONVERSATION, THIS LETTER IS TO LET YOU KNOW,

THAT, THE COURTYARD VILLAS CONDOMINIUM DOESN'T RECEIVED THE ORIGINAL ANNUAL REPORT, BECAUSE HAS BEEN SENT TO MR. ARNOLD YABLIN P. A., WHO WAS THE REGISTER AGENT, BUT HE DOESN'T WORK ANYMORE FOR THE ASSOCATION.

ENCLOSED PLEASE FIND THE REINSTATEMENT APPLICATION AND THE FEES \$61:25 FOR REINSTATEMENT AND \$61.25 FOR ANNUAL REPORT 2002.

THANK YOU, IN ADVANCE FOR YOUR HELP WITH THIS MATTER.

SINCERELY,

**PRESIDENT**