

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 31 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO4000006670*

1. Corporation Name
Southern Court Tenants Association Inc

0506
200081363082
10/31/05 -01032-004 **245.00
CR2E081 (12/05)

2. Principal Office Address
8 Azalea Drive
Suite, Apt., etc.

3. Mailing Office Address
8 Azalea Drive
Suite, Apt. #, etc.

City & State
Riviera Beach
Zip
33404 Palm Beach

City & State
Riviera Beach
Zip
33404 Palm Beach

4. Date Incorporated or Qualified To Do Business in Florida
Year 2004

5. FEI Number
650178707

6. CERTIFICATE OF STATUS DESIRED *8375* Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Eleanor T. Winch*
Street Address *8 Azalea Drive*
Suite, Apt. # Etc. *Riviera Beach,*
City
State **FL** Zip Code *33404*

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 *Eleanor T. Winch* Date *10-26-06*
REGISTERED AGENT MUST SIGN

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
<i>P</i>	<i>ELEANOR T. WINCH</i>	<i>8 Azalea Dr Pres</i>	<i>Riviera Beach</i>
<i>Treas</i>	<i>DARWIN RIZETTO</i>	<i>26 Citrus Dr. Treas</i>	<i>Riviera Beach</i>
<i>Dir.</i>	<i>ARTHUR O. WINCH</i>	<i>8 Azalea Dr. Dir</i>	<i>Riviera Beach</i>

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: *Eleanor T. Winch* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ELEANOR T. WINCH
Date *10-26-06* Daytime Phone # *561-863-2994*