

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 DEC 30 AM 8:45

ALL HANDS, FLORIDA

CORPORATION REINSTATEMENT 2014



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05000007781
1. Corporation Name
COURTYARDS AT DAVIE CONDOMINIUM ASSOCIATION INC

2. Principal Office Address - No P.O. Box # 330 SOUTH STATE ROAD 7 Suite, Apt. #, etc. SUITE 500 City & State PLANTATION, FL Zip Country 33317 US		3. Mailing Office Address 330 SOUTH STATE ROAD 7 Suite, Apt. #, etc. SUITE 500 City & State PLANTATION, FL Zip Country 33317 US	
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4. Date Incorporated or Qualified To Do Business in Florida
7/29/2005

5. FEI Number 203231538	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

CR2E081 (11/10)

7. Name and Address of Current Registered Agent

Name
TDSunshine Property Management

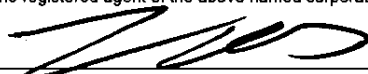
Street Address (P.O. Box Number is Not Acceptable)
330 South State Road 7

Suite, Apt. #, Etc.
Suite 500

City Plantation	State FL	Zip Code 33317
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12/17/14--01030--010 **236.25

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  Date **12/8/14**

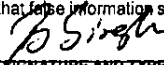
REGISTERED AGENT MUST SIGN

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
President	Jitu Zaveri	330 South State Road 7 Suite 500	Plantation, FL 33317
Vice President	Shrini Ganediwal	330 South State Road 7 Suite 500	Plantation, FL 33317
Treasurer	Balvendra Singh	330 South State Road 7 Suite 500	Plantation, FL 33317
Secretary	Yezmin Desrochers	330 South State Road 7 Suite 500	Plantation, FL 33317
Director	Meena Bakhai	330 South State Road 7 Suite 500	Plantation, FL 33317

10. E-mail Address: **Info @ TDSUNSHINE.COM**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:  **Balvendra Singh** Date **12/08/2014**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K ASHTON