


1082

FAX AUDIT NO.: H08000273805 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 2008 DEC 15 PM 2:55
 TALLAHASSEE, FLORIDA

 CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N06000006823 1. Corporation Name THE COURTYARDS AT HOLLYWOOD STATION HOMEOWNERS' ASSOCIATION, INC.			
2. Principal Office Address 230 Park Avenue Suite, Apt. #, etc.		3. Mailing Office Address 230 Park Avenue Suite, Apt. #, etc.	
City & State New York, New York		City & State New York, New York	
Zip 10169	Country US	Zip 33134	Country US
		4. Date Incorporated or Qualified To Do Business in Florida 6/23/2006	
		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENTS

7. Name and Address of Current Registered Agent

Name Registered Agents of Florida, LLC	
Street Address (P.O. Box Number is Not Acceptable) 100 S.E. Second Street	
Suite, Apt. #, Etc. Suite 2900	
City Miami	State Zip Code FL 33131

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: Howard J. Vogel, Vice President Date: 12/10/2008

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Robert Persico	230 Park Avenue	New York, New York 10169
DVP	Alfredo Zullo	230 Park Avenue	New York, New York 10169
DST	Ann Wilhelm	230 Park Avenue	New York, New York 10169

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: Ann Wilhelm **Ann Wilhelm, Secretary** Date: 12/10/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : BERMAN, RENNERT, VOGEL & MANDLER, P.A.
Account Number : 076103002011
Phone : (305) 577-4177
Fax Number : (305) 373-6036

CORPORATION REINSTATEMENT

THE COURTYARDS AT HOLLYWOOD STATION HOMEOWNERS' ASSO

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