

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *N 40780*

Corporation Name

The North Springs Court Association, Inc.

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

310 SW 66 TERRACE

Mailing Office Address

P.O. Box 935117

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARGATE, FL

City & State

MARGATE, FL

Zip

33068

Country

USA

Zip

33093

Country

USA

200180497322
05/06/10--01034--014 **367.50
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11-13-1990

5. FEI Number

65-0240086

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

BECKER MANAGEMENT, INC.

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

310 SW 66 TERRACE

Suite, Apt. #, Etc.

City

MARGATE

State

FL

Zip Code

33068

PROFIT CORPORATIONS ONLY

☐ The \$600.00 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.

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

BR Becker, J. Mr.

Date

4-27-2010

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
P	STEPHEN MELNICK	9915 NW 47 ST.	CORAL SPRINGS, FL 33076

0. E-mail Address: *PROPERTY1@aol.com*

(To be used for future annual report notification)

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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Melnick

Date

4/27/10

Daytime Phone #

954-933-6690

5/100