

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

(0585000229659 3)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000033421

1. Corporation Name
1501 COURTS, INC.

2. Principal Office Address 3810 NW 63RD CT. Suite, Apt. #, etc.		3. Mailing Office Address 3810 NW 63RD CT. Suite, Apt. #, etc.	
City & State VIRGINIA GARDENS, FL		City & State VIRGINIA GARDENS, FL	
Zip 33166	Country U.S.A.	Zip 33166	Country U.S.A.

REINSTATEMENT 03-05
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 03/27/2002

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
IVAN BUSTAMANTE, SR.

Street Address (P.O. Box Number is Not Acceptable)
3810 NW 63RD CT.

Suite, Apt. #, Etc.

City
VIRGINIA GARDENS, FL 33166

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 *[Signature]* Date 09/27/05
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	IVAN BUSTAMANTE, SR.	3810 NW 63RD CT.	VIRGINIA GARDENS, FL 33166
VP	IVAN BUSTAMANTE, JR.	3810 NW 63RD CT.	VIRGINIA GARDENS, FL 33166

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 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: *[Signature]* 09/27/05 (305)870-0776
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)205-0384

From:

Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : I20000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

CORPORATION REINSTATEMENT

1501 COURTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

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