

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JAN 17 AM 9:31

DOCUMENT # P96000014374

1. Corporation Name

LAS OLAS COURTS
Limited .INC.

2. Principal Office Address
3275 West Hillsboro Blvd

3. Mailing Office Address

4. Suite, Apt. #, etc.

207

Suite, Apt. #, etc.

City & State

Deerfield Beach

City & State

Zip
33442

Country
Broward

Zip

Country

REINSTATEMENT

04-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

2-15-1996

5. FEI Number

650639445

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

ANTHONY G. COLEMAN JR.

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

3275 West Hillsboro Beach

Suite, Apt. #, Etc.

City

Deerfield Beach

State
FL

Zip Code

33442

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 1/6/06

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
	JOHN J. FRANCAVILLA Dir	1875 N. CORPORATE LAKES BLVD Suite 300	WESTON FL 33326

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-06 954-205
9578

Dr JOHN J. FRANCAVILLA

1/Bar

2/2

LAS OLAS COURTS LIMITED, INC.
1875 N CORPORATE LKS BLVD
SUITE 300
WESTON, FL 33326

Department of State
Division Of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

January 1, 2006

To Whom It May Concern:

Enclosed please find an application for re-instatement with respect to our company Las Olas Courts Limited, inc., along with a check in the amount of \$450. We were just recently made aware that our corporation name had dissolved with the Division of Corporation due to failure to renew the annual report. We never received the renewals for the last two years because the suite number were not listed in the address. Please except our re-instatement form and our check for to renew our corporation name.

Thanking you in advance for your prompt and courteous attention to this matter. If you have any question or need any further assistance in this matter please contact the undersigned.

Sincerely,


John Francavilla