

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759962

1. Corporation Name

COURTYARD SQUARE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13701 BRUCE B. DOWNS BLVD.
SUITE 111
TAMPA FL 33613

13701 BRUCE B. DOWNS BLVD.
SUITE 111
TAMPA FL 33613

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 20 PM 3:23



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1981

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2445555

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PD	HOFFMAN, RICHARD A	13701 BRUCE B. DOWNS BLVD., #111	TAMPA FL 33613
D	SCHULAK, DAVID	3000 FLETCHER AVE.	TAMPA FL 33613
D	GELPI, MARGARITE	13701 BRUCE B. DOWNS BLVD.	TAMPA FL 33613

800003457778-5
-11/08/00--01085--005
****236.25 ****236.25

10/18/00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERKOWITZ, HERBERT M
4809 E. BUSCH BLVD.
SUITE 104
TAMPA FL 33617

Name

Richard A. Hoffman, Ph.D.

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

13701 Bruce B. Downs Boulevard

Suite, Apt. #, Etc.

Suite 111

City

Tampa

State

FL

Zip Code

33613 4647

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10/18/2000

REGISTERED AGENT MUST SIGN

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., 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Hoffman, Ph.D. 10/18/00 813 977-2924

Date

Daytime Phone #