

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -1 PM 4:37

DOCUMENT # **H47509**

1. Corporation Name

COURTYARD MANOR OF ST. PETERSBURG, INC.

Principal Place of Business

1325 4TH ST N
ST PETERSBURG FL 33701

Mailing Address

1325 4TH ST N
ST PETERSBURG FL 33701



REINSTATEMENT

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1985

5. FEI Number

59-2520429

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
to a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
PD	ALFLEN, KENNETH	8275 MANASOTA KEY RD. 6260	ENGLEWOOD FL 34223
V	PARADOWICZ, RONALD Paradowicz	449 SANDALWOOD RD.	CANTON MI 48188
V	BRICE, PHILIPPE	0576 PAUL REVERE 2275 Fairgrove Cb.	CANTON MI Commerce Twp MI 48382

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALFLEN, KENNETH 8275 MANASOTA KEY RD ENGLEWOOD FL 34223		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code	
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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]

REGISTERED AGENT MUST SIGN

Date

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-25-99

Date

Daytime Phone #

AD