

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LC06000038779

1. Limited Liability Company's Name
CourtView, LLC

FILED
10 OCT 19 PM 3:10
POSTNET
FALL WASSER, FLORIDA

000185845730
10/21/10--01001--009 **238.75
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #
2345 Stanford Court
Suite, Apt. #, etc.
603
City & State
Naples FL
Zip Country
34112 USA

3. Mailing Office Address
c/o Colonial Square Realty
Suite, Apt. #, etc.
PO Box 10608
City & State
Naples FL
Zip Country
34101 USA

4. State/Country of Formation
Florida / Collier

5. Date Organized or Qualified To Do Business in Florida
4/13/06

6. FEI Number
65-0172314

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Vega George AJR

Street Address (P.O. Box Number is Not Acceptable)
2345 Stanford Court #603

Suite, Apt. #, Etc.

City
Naples State FL Zip Code 34112

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent [Signature] Date 4/16/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Vega, George AJR	2345 Stanford Court #603	Naples FL 34112
MGRM	Brown, Thomas R	2345 Stanford Court #603	Naples FL 34112

REINSTATEMENT

2008-10

S. HAWKES
OCT 21 2010
EXAMINER

000185845730
10/21/10--01007--023 **277.50

516.25

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company ~~name satisfies~~ the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager [Signature] Date 4/16/10 Daytime Phone # 239-261-2627

Typed or printed name of signing Managing Member/Manager _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2010

COURTVIEW, LLC
2345 STANFORD COURT 603
NAPLES, FL 34112

SUBJECT: COURT VIEW, LLC
Ref. Number: L06000038779

We have received your document for COURT VIEW, LLC and your check(s) totaling \$277.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$238.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 410A00022914