

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 30 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200162881592
11/17/09--01027--002 **560.00

CR2E041 (11/09)

DOCUMENT #

M05000000030

1. Limited Liability Company's Name

COUR VOISIER COURTS, LLC

2. Principal Office Address - No P.O. Box #

701 BRICKELL KEY BLVD

Suite, Apt. #, etc.

DEVELOPER OFFICE

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

3409 FAIRSTAFF RD

Suite, Apt. #, etc.

City & State

BAITIMORE, MD

Zip

21215

Country

USA

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

20-2061791

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

ELLIOTT SHARABY

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

4001 HILLCREST DRIVE

Suite, Apt. #, Etc.

#402

City

HOLLYWOOD

State

FL

Zip Code

33021

☒ 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

Elliott Sharaby

REGISTERED AGENT MUST SIGN

Date NOV 12, 09

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 |
|--------|--------------------------------------|---------------------------------------------------|---------------------|
| MEM | ELLIOTT J. SHARABY | 4001 HILLCREST DRIVE #402, | HOLLYWOOD, FL 33021 |
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REINSTATEMENT

DB

11. E-mail Address: elliott@ccourts.com

(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

Elliott Sharaby

Date NOV 12, 09

Daytime Phone #

(305) 981-6429

Typed or printed name of signing Managing Member/Manager