


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 05 JUL 25 PM 12:35 SECRET TALLAHASSEE, FL	
DOCUMENT # N02000002457				
1. Corporation Name COURTYARD VILLAS OF HARRISON STREET HOMEOWNERS ASSOCIATION, INC				
2. Principal Office Address 1617 HARRISON ST Suite, Apt. #, etc.		3. Mailing Office Address 1617 HARRISON ST Suite, Apt. #, etc.		
City & State HOLLYWOOD, FL Zip 33020 Country USA		City & State HOLLYWOOD, FL Zip 33020 Country USA		
		4. Date Incorporated or Qualified To Do Business in Florida 01 MAR 2002		
		5. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name EDESEL B HULSE, JR				
Street Address (P.O. Box Number is Not Acceptable) 1617 HARRISON ST 100057854221				
Suite, Apt. #, Etc.				
City HOLLYWOOD State FL Zip Code 33020				
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 Edsel B. Hulse, Jr Date 19 July 2005 <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>				
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	
PRES	EDWARD W. SPEIRS	1619 HARRISON ST	HOLLYWOOD, FL 33020	
TRES	NADER DAILY	1615 HARRISON ST	HOLLYWOOD, FL 33020	
SEC	EDESEL B. HULSE, JR.	1617 HARRISON ST	HOLLYWOOD, FL 33020	
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 under section 119.07(3)(l), 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: Edward W. Speirs 7/19/05 954 923 3139 <div style="display: flex; justify-content: space-between;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDateDaytime Phone #</div>				

CR2E081 (01/05)

19 JUL 2005

FLORIDA DEPT OF STATE
SECRETARY OF STATE
DIV OF CORPS. (NON-PROFIT)

DEAR SIR:

OUR HOMEOWNER ASSOC DID NOT RECEIVE THE FORMS
FOR FILING TIMELY ANNUAL REPORTS. OUR REQUEST TO REINSTATE
OUR ASSOC IS ENCLOSED ALONG WITH THE ANNUAL FEES OWED. \$183⁷⁵/₁₀₀
WE HEREBY REQUEST THAT THE REINSTATEMENT FEE BE WAIVED.

YOURS TRULY

Ellen Spies PRES.

COURTYARD VILLAS OF HARRISON ST HOA