

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 31 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *NO4000006670*

1. Corporation Name

Southern Court Tenants Association Inc

2. Principal Office Address

8 Azalea Drive
Suite, Apt., etc.

3. Mailing Office Address

8 Azalea Drive
Suite, Apt., etc.

City & State

Riviera Beach

City & State

Riviera Beach

Zip

33404 Palm Beach

Zip

33404 Palm Beach

4. Date Incorporated or Qualified
To Do Business in Florida

Year 2004

5. FEI Number

650178707

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eleanor T. Winch

Street Address ☐ Box Number is Not Acceptable

8 Azalea Drive

Suite, Apt. # Etc.

Riviera Beach,

City

State

FL

Zip Code

33404

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

Eleanor T. Winch

REGISTERED AGENT MUST SIGN

Date *10-26-06*

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	ELEANOR T. WINCH	8 Azalea Dr	Riviera Beach
Treas	DARWIN RIZETTO	26 Citrus Dr	Riviera Beach
Dir.	ARTHUR O. WINCH	8 Azalea Dr.	Riviera Beach

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 contained in Chapter 119, 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:

Eleanor T. Winch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELEANOR T. WINCH

Date

10-26-06

Daytime Phone #

561-863-2994