## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	ecretary	TMENT OF STATE  of State			The state of the s		
2014	VISION OF CORPORATIONS		14 DEC 30 - M1 8: 45				
DOCUMENT # N05000007781  1. Corporation Name				ALT AHASSEE, CLURID.			
COURTYARDS AT DAVIE CONDOMINIUM ASSOCIATION INC							
2. Principal Office Address - No P.O. Box #	Office Address		1				
		OUTH STATE ROAD 7		CR2E081 (11/10)			
Suite, Apt. #, etc. Suite, Ap SUITE 500 SUI		•		4. Date Incorporated or Qualified			
1		SUITE 500			To Do Business in Florida 7/29/2005		
PLANTATION, FL	PLAN	ITA	ΓΙΟΝ, FL	5. FEI Numb		Applied For Not Applicable	
33317 US	33317	,	US	<del>] 6.</del>	TE OF STATUS DESIRED \$8.7	5 Additional Fee required or a Certificate of Status	
7. Name and Address						, a on the same	
Name						1	
TDSunshine Property Management Street Address (P.O. Box Number is Not Acceptable)						1	
330 South State Road 7							
Suite 500				6	00267560	926	
Plantation	FL 33317		12/17/1401030010 **236.25				
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 Pagistassed Appel					12/01	1,0	
Registered AgentREGISTERED AGENT MUST SIGN					Date	<del>'/</del>	
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 Direct	Name of Officers and/or Directors				City / State	ı / Zip	
Jitu Zaveri		330 South State Road 7 Suite		Suite 500	Plantation,	FL 33317	
Shrini Ganediwal		330 South State Road 7 Suite		Suite 500	Plantation,	FL 33317	
Treasurer Balvendra S	330 South State Road 7 Suite 500		Suite 500	Plantation,	FL 33317		
Secretary Yezmin Desro	Yezmin Desrochers			Suite 500	Plantation,	FL 33317	
Director Meena Bal	330 South State Road 7 Suite 500		Plantation,	FL 33317			
10. E-mail Address: TNGO @ TDSUNSWINE. COM (To be used for future annual report notification)							
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that take information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.  SIGNATURE:    12							