

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 15 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N33823

1. Corporation Name

VILLAS OF CARRIAGE HILLS LM 275, INC.

Principal Place of Business

275 GATE ROAD
APT 400 209
HOLLYWOOD FL 33024

Mailing Address

275 GATE ROAD
APT 100 209
HOLLYWOOD FL 33024



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

08/18/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
S ft	KAZLOW, MYRA	% 275 GATE RD, #100 211	HOLLYWOOD FL
T	KAZLOW, FRANCES	% 275 GATE RD, #100	HOLLYWOOD FL
PD	MINASIAN, RICHARD	275 GATE RD #209	HOLLYWOOD FL 33024
D	COOK, LARRY	275 GATE RD. #113	HOLLYWOOD FL 33024

800008724758
10/31/02 01045 019 **61.25

8. Name and Address of Current Registered Agent

GARFIELD, NEIL F., ESQ.
5950 W OAKLAND PARK BLVD
SUITE 200
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Richard Minasian
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/27/02

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., 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)(i), 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:

Richard Minasian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD MINASIAN
10/29/02
954
922-3514
Daytime Phone #



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 6, 2002

VILLAS OF CARRIAGE HILLS LM 275, INC.
275 GATE ROAD
APT 209
HOLLYWOOD, FL 33024

SUBJECT: VILLAS OF CARRIAGE HILLS LM 275, INC.
Ref. Number: N33823

We have received your document for VILLAS OF CARRIAGE HILLS LM 275, INC. and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount due to reinstate is \$236.25.

There is a balance due of \$175.00.

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) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 702A00060719