FILED
04 FEB -9 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/04/2004 12:39 7278414414 FLORIDA DEPT OF REVE PAGE 01

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000012940

1. Corporation Name
CourtView Group Inc

REINSTATEMENT 03-04

300028408483
02/09/04--01035--029 **300.00

2. Principal Office Address	3. Mailing Office Address
7260 LoBLolly Ct	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill	City & State
Zip: 34607 Country: Hernando	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 2/07/00

5. FEI Number: 59-3623727 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Todd Williams

Street Address (P.O. Box Number is Not Acceptable): 7260 LoBLolly CT

Suite, Apt. #, Etc.:

City: Spring Hill State: FL Zip Code: 34607

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: Todd Williams Date: 2/4/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	Todd Williams	7260 LoBLolly CT	Spring Hill FL 34607

10. I certify that I am an officer or director of 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: Todd Williams Todd Williams 2/4/04 727 9190187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/4/04

Dear Sirs:

Enclosed is a completed Corporation Reinstatement Form. The check of $300 is for last year and the current year. I never got the forms in the mail since the address has changed two times in the past two years.

Todd Williams