## 2004 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P03000026343

FILED Oct 20, 2004 Secretary of State

Entity Nam	ie: COURTS	IDE CABANA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
15215 MERLINPARK PLACE LITHIA, FL 335473906				5721 OSPREY RIDGE RD LITHIA, FL 335473906	
Current Ma	iling Addres	s:	New Mailing Addres	s:	
15215 MER LITHIA, FL	LINPARK PLA 335473906	ACE	19065 BOYETTE ROA LITHIA, FL 33547390	<del></del>	
FEI Number:	86-1052606	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	of New Registered Agent:	
101 EAST K TAMPA, FL	1 SAXON, P.A (ENNEDY BL) 33602 US named entity s	VD STE 3200	urpose of changing its registere	d office or registered agent, or both,	
SIGNATUR		ic Signature of Registered Age	nt	 Date	
	e with s. 607.19	3(2)(b), F.S., the corporation did not Trust Fund Contribution ( ).		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () TZILVELIS, MEI 15215 MERLINI LITHIA, FL 335	PARK PLACE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DST () BOISEN, TREN' 12207 WILDBR RIVERVIEW, FI	OOK DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA CARUSO	MNG	10/20/2004
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