

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 NOV - 6 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000054740

1. Corporation Name

CORAL SPRINGS VILLAGE GREEN, INC

Principal Place of Business

8916 NW 38 DR
CORAL SPRINGS FL 33065
US

Mailing Address

8904 SW 134 CT
MIAMI FL 33186-2255
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/1995

5. FEI Number

22-3434692

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
D	KASSNER, DAVID	69 SPRING ST	RAMSEY NJ 07446
D	TOMPKINS, JEANNE	69 SPRING ST	RAMSEY NJ 07446

800002344748-7
-11/12/97-01079-016
****750.00 ****750.00

REINSTATEMENT

97

SL 11-10-97

8. Name and Address of Current Registered Agent

BLAXBERG, GRAYSON & SINGER, P.A.
25 S.E. 2ND AVE., STE 730
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

ANDREW BARNARD

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

9655 So. Dixie Hwy

Suite, Apt. #, Etc.

312

City

MIAMI

State

FL

Zip Code

33156

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.

Signature of
Registered Agent

ACB

REGISTERED AGENT MUST SIGN

Date 11/4/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on Intangible tax.)

12. 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:

Jeane Tompkins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/97 (305) 444-2666

Date

Daytime Phone #

CR2E040 (8/97)