

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 JUN 23 PM 2:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500005470

1. Corporation Name

CORAL SPRINGS VILLAGE GREEN, INC.

2. Principal Office Address

9804 SW 134 CT

3. Mailing Office Address

1857 PRAIRIE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

GLENVIEW, IL

Zip

Country

33186

USA

Zip

Country

60025

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

7-12-1995

5. FEI Number

22-3434692 008

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ANDREW BARNARD

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

9655 S. DIXIE HWY

Suite, Apt. #, Etc.

108

City

MIAMI

State

FL

Zip Code

33156

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

REGISTERED AGENT MUST SIGN

Date 6-20-00

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
PRESIDENT	DAVID KASSNER	1857 PRAIRIE ST	GLENVIEW/IL/60025
V.P.	JEANNE TOMPKINS	9804 SW 134 CT.	MIAMI, FL 33186

REINSTATEMENT 99-00 TS

10. 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:

DAVID KASSNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/2000

Date

(312) 560-1189

Daytime Phone #

CR2E081 (9/99)