

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 14 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000069158 (0)

1. Corporation Name

CHRISTOPHER COURTNEY INC.

2. Principal Office Address

9. JUDY KIOLBASA
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

6007 LAKE CHARM CIR
City & State

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City & State

OVIEDO, FL
Zip Country
32765 SEMINOLE

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Zip Country
32765 SEMINOLE

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/5/95

5. FEI Number

59-3336016

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 7-00

7. Name and Address of Current Registered Agent

Name

JUDY KIOLBASA

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

6007 LAKE CHARM CIR

Suite, Apt. #, Etc.

City

OVIEDO

State

FL

Zip Code

32765

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

Judy Kiolbasa
REGISTERED AGENT MUST SIGN

Date 1/12/2000

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
<u>DIRECTOR</u>	<u>JUDY KIOLBASA</u>	<u>6007 LAKE CHARM CIR</u>	<u>OVIEDO, FL 32765</u>

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:

Judy Kiolbasa
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUDY KIOLBASA 1/12/2000 (407) 366 4433
Date Daytime Phone #

KE