

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

APPROVED
AND
FILED

07 DEC 12 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000014374**

1. Corporation Name

LAS OLAS COURTS LIMITED, INC.

Principal Place of Business

Mailing Address

735 W. LAS OLAS BLVD. FT. LAUDERDALE, FL 33312
1775 SE 21st AVE. #2 FT. LAUDERDALE, FL 33316

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

2-15-96

5. FEI Number

65-0639445

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	ED HARVEY	1406 CANTRELL LITTLE ROCK, AR 72201	
S/T/D	TODD TIEFEL	1406 CANTRELL LITTLE ROCK AR 72201	
			800002374068--3 -12/16/97--01110--021 ***750.00 ***750.00

REINSTATEMENT

Alan
12/12/97

8. Name and Address of Current Registered Agent

EVAN ANTHONY
735 W. LAS OLAS BLVD
FT. LAUDERDALE, FL 33312

9. Name and Address of New Registered Agent

Name **C.T. CORPORATION SYSTEMS, INC**
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD
Suite, Apt. #, Etc. **Suite 250**
City **PLANTATION** State **FL** Zip Code **33324**

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

Wicky Goldstein

WICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

Date

12/10/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD TIEFEL

12-5-97

Date

(501)376-6700

Daytime Phone #

CRP2040 (12-96)