

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000078007

1. Corporation Name

INNS OF COURT II, INC.

Principal Place of Business

6101 SW 76 STREET
MIAMI FL 33143

Mailing Address

6101 SW 76 STREET
MIAMI FL 33143

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

09/09/1997

5. FEI Number

65-0780682

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	City / State / Zip
1	2	3	4
P/D	RUSSO, ELIZABETH K	6101 SW 76 STREET	MIAMI FL 33143

8000003493358--2
-12/11/00--01039--007
***750.00 ***750.00

pr 12/16

8. Name and Address of Current Registered Agent

M & W AGENTS, INC
BOCA CORPORATE CENTER, SUITE 216
2101 CORPORATE BLVD
BOCA RATON FL 33431-7343

9. Name and Address of New Registered Agent

Name

Elizabeth Russo

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

6101 S.W. 76 St.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33143

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/17/00

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/00

Date

305-666-4660

Daytime Phone #

CR2E040 (8/00)