

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 16 PM 4:00

DOCUMENT # **007 PBR**  
**090000037623**

**1. Corporation Name**

INNS OF COURT I, INC.

**2. Principal Office Address**

7990 RED ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33143

Country

DADE

**3. Mailing Office Address**

7990 RED ROAD

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33143

Country

DADE

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

4/27/98

**5. FEI Number**

65-0834137

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

M&WNAGENTS, INC.

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

2101 CORPORATE BLVD.

Suite, Apt. #, Etc.

SUITE 216

City

BOCA RATON

State

FL

Zip Code

33431

800004711288-5

-12/06/01-01034-015

\*\*\*\*300.00 \*\*\*\*300.00

**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

Date

REGISTERED AGENT MUST SIGN

**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
D	ELIZABETH RUSSO	7990 RED ROAD	MIAMI, FL 33143
D	DON A. RUSSO	7990 RED ROAD	MIAMI, FL 33143
			AD

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 665-7171