

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -8 PM 5:01

DOCUMENT # P98000082243

1. Corporation Name

Courtney Case, Inc.

2. Principal Office Address

201 W. Sunrise Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

6100 NW 44th Street

Suite, Apt. #, etc.

112

City & State

Ft. Lauderdale FL

City & State

Lauderhill, FL

Zip

33311

Country

USA

Zip

33319

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1998

5. FEI Number

650866424

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

Courtney B. Case

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

6100 NW 44th Street

Suite, Apt. #, Etc.

112

City

Lauderhill

State
FL

Zip Code

33319

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/04/01

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
PD	Courtney B. Case	6100 NW 44th Street #112	Lauderhill, FL 33319

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/04/01
Date

(954) 325-8159
Daytime Phone #

CR2E081 (9/00)

COURTNEY CASE, INC.
P.O. BOX 6261
FT. LAUDERDALE, FL 33310
(954) 325-8159

October 4, 2001

*Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314*

In re: Uniform Business Report for 2001 for Courtney Case, Inc.


Dear Sir or Madam:

I am writing to inform you that I never received the 2001 Uniform Business Report from you. I recently inquired with your office and found that you had my address as 6100 NW 74th Street, Lauderhill, Florida. My address is:

*Courtney Case, Inc.
6100 NW 44th Street, Unit 112
Lauderhill, Florida 33319*

This is the cause for the delay in my response. Please update your records to reflect the correct address. Thank you in advance for your attention to this matter.

Sincerely,



Courtney Case