

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR **REINSTATEMENT**



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

FILED  
99 DEC -9 AM 11: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V01165**  
1. Corporation Name  
**53RD COURT CORPORATION**

Principal Place of Business <b>1125 N. 53RD COURT WEST PALM BEACH FL 33407</b>	Mailing Address <b>1125 N. 53RD COURT WEST PALM BEACH FL 33407</b>
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**REINSTATEMENT** *CA*

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

4. Date Incorporated or Qualified To Do Business in Florida <b>12/16/1991</b>	<b>SP</b>
5. FEI Number <b>65-0302917</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4. City / State / Zip
PSD	FIRESTONE, CAROLINE H.	60-844 HWY 111 ST-C	RANCO MIRAGE CA
T	LYNCH, DEBORAH	<del>30-5-0 ST</del> 12 MARTINECOCK FARMS RD.	LOOUST VALLEY NY GLEN COVE, NY 11542
			300003078223--6 12/22/99 01071-014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent  
**COLBURN JR, HARRY S.  
321 ROYAL POINCIANA PLAZA  
PALM BEACH FL 33480**

9. Name and Address of New Registered Agent

Name <b>PATRICK KELLY</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1125 N. 53<sup>RD</sup> COURT</b>
Suite, Apt. #, Etc.
City <b>WEST PALM BEACH</b>
State <b>FL</b>
Zip Code <b>33407</b>

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: *Patrick Kelly* Date: **12/6/99**  
REGISTERED AGENT MUST SIGN

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: *Deborah Lynch* Date: **516-759-2911**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #