

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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



DOCUMENT # **704578**

1. Corporation Name  
**CORONET VILLA APARTMENTS, INC.**

Principal Place of Business: 2300 JACKSON ST, HOLLYWOOD FL 33020  
 Mailing Address: C/O J DEGAGLIA, 8 OLDFIELD CT, GARNERVILLE NY 10923, US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: **09/26/1962**

5. FEI Number: **59-1035187**  
 Applied For:  Not Applicable:

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

FILED  
 01 NOV 30 PM 1:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**REINSTATEMENT** *2001*

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
STD	DEGALIA, JOANN	8 OLDFIELD COURT	GARNERVILLE NY 10923
P	CONNELLY, ALVA	2300 JACKSON ST	HOLLYWOOD, FL 00000 33020
D	IANNELLI, ANN	8 OLDFIELD CT	GARNERVILLE NY
D	PINTAUDI, ROSARIO	8 LAURAL DR	STONY POINT NY 10986
D	COTE', FRANCOISE	1400 LOUISE ST	ST FRANCAIS-LAVAL QUEBEC, CAN

8. Name and Address of Current Registered Agent: CONNELLY, ALVA, 2300 JACKSON ST, APT 11 CORONET VILLA APTS, HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent: Name: *JoAnn DeGaglia*, Street Address (P.O. Box Number is Not Acceptable): *2300 JACKSON ST*, Suite, Apt. #, Etc.: *Apt # 12*, City: *Hollywood FL*, State: **FL**, Zip Code: **33020**

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: *JoAnn DeGaglia* **SIGNATURE REQUIRED**  
 REGISTERED AGENT MUST SIGN

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 \*\*\*\*236.25 \*\*\*\*236.25  
 Date: *11/20/01*

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: *JoAnn DeGaglia* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *11/20/01* Daytime Phone #

CR2E040 (8/01)