

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.

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

Principal Place of Business
 2300 JACKSON ST
 HOLLYWOOD FL 33020

Mailing Address
 C/O J DEGAGLIA
 8 OLDFIELD CT
 GARNERVILLE NY 10923
 US



REINSTATEMENT *2001*

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

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 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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 -12/12/01--01085--010
 ****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)