

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 710 - 209

1. Corporation Name

CORONET SQUARE
CONDOMINIUM, INC.

2. Principal Office Address - No P.O. Box #

1830 MCKINLEY ST

Suite, Apt. #, etc.

Apt. # 5

City & State

HOLLYWOOD FLA

Zip

Country

33020 USA

3. Mailing Office Address

1830 MCKINLEY ST

Suite, Apt. #, etc.

Apt. # 5

City & State

HOLLYWOOD FLA

Zip

Country

33020 USA

73-11

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1966

5. FEI Number

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

DONALD R. HERDUX

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

1830 MCKINLEY ST

Suite, Apt. #, Etc.

Apt. # 5

City

HOLLYWOOD

State

FL

Zip Code

33020

REINSTATEMENT

200212306672
09/19/11--01051--017 **8.75

200212306672
09/19/11--01051--016 **2625.00

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

DONALD R. HERDUX *Donald R. Herdux*

REGISTERED AGENT MUST SIGN

Date 9-12-2011

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
P/D	DONALD R. HERDUX	1830 MCKINLEY ST. Apt #5	HOLLYWOOD FL 33020
T/D	HELEN SZABAN	1111 THREE RIVERS RD	WILBRAHAM MA 01095
S/D	ROBERT DINARDO	396 E. LUCILLE LANE	SCHENECTADY NY 12306

*NSP
9/20*

10. E-mail Address: Dherdux103@aol.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: DONALD R. HERDUX *Donald R. Herdux*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-12-2011

Daytime Phone #

954-540-9326