

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 13 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720624

1. Corporation Name

Coral Sea of Singer Island
Condominium Association, Inc.

2. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

2994 Jog Road

Suite, Apt. #, etc.

Suite B

City & State

Greenacres, FL

Zip

Country

33467

USA

REINSTATEMENT

0001

4. Date Incorporated or Qualified
To Do Business in Florida

3/31/71

SP

5. FEI Number

59-1367894

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

Scot A. Gerrish

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

CMC Management, Inc.

Suite, Apt. #, Etc.

2994 Jog Road, Suite B

City

Greenacres

State

FL

Zip Code

33467

500004037135--8

-04/23/01 --01005--008

****297.50 ****297.50

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

REGISTERED AGENT MUST SIGN

Date 4-14-01

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
P/D	Edward Henle	3930 N. Ocean Dr., # 128	Singer Island, FL 33404
VP/D	Charles Blansfield	3930 N. Ocean Dr., # 216	Singer Island, FL 33404
S/D	Estelle Flanagan	3930 N. Ocean Dr., # 231	Singer Island, FL 33404
T/D	Donald McKeeney	3930 N. Ocean Dr., # 120	Singer Island, FL 33404

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:

Edward C Henle, Pres
Edward C Henle Jr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-06-01

Daytime Phone #

561-845 6848

CR2E081 (9/00)