PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 MAR -6 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # 751203

1. Corporation Name

Coral Gardens II Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2820 Riverside Drive	2820 Riverside Drive
Suite, Apt. #, etc.: #208	Suite, Apt. #, etc.: #208
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: US	Zip: 33065 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 2/25/80

5. FEI Number: 592096569 ☐ Applied For ☐ Not Applicable

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

S. HAWKES

FEB - 2012

EXAMINER

500223962335
03/06/12--01029--024 **297.50

7. Name and Address of Current Registered Agent

Name: Karen M. Sullivan, Esq.

Street Address (P.O. Box Number is Not Acceptable): 441 South State Road 7

Suite, Apt. #, Etc.: Suite 20

City: Margate State: FL Zip Code: 33068

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: Karen M. Sullivan Date: 2-27-2012

REGISTERED AGENT MUST SIGN

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
F/D	Janet Lankford	2810 Riverside Dr, #206	Coral Springs, FL 33065
VP/D	Marlene Mocny	2830 Riverside Dr, #103	Coral Spgings, FL 33065
S/D	Lori Fink	2810 Riverside Dr, #107	Coral Springs, FL 33065
T/D	Florence Wagener	2820 Riverside Dr, #204	Coral Springs, FL 33065
D	Sergio Perez	2810 Riverside Dr, #205	Coral Springs, FL 33065

REINSTATEMENT

10. E-mail Address: jntlankford0@gmail.com 2011 - 12
(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: Florence Wagener Florence Wagener, Treas 2/29/12 954-755-9065

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #