## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS, FORM.

CORPORATION REINSTATEMENT



## ٠ - ي FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

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SCULLIAM OF STATE TALLAHASSEE, FLORIDA

**DOCUMENT #** N02000004313

1. Corporation Name

Coral Shores Athletic Booster Club, Inchign TATEMENT

		900024102000
2. Principal Office Address	3. Mailing Office Address	<b>900024102089</b> 10/27/0301018012 **61.25
216 Pearl Ave	216 Pearl Ave	*
Suite, Apt. #, etc.	Suite, Apt. #, etc.	\
		4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	6-5-02
Tavernier, FL 33070	Tavernier, F	L 33070 5. FEI Number Applied For Not Applied For Not Applied For
Zip Country	Zip Country	
33070	33070	CERTIFICATE OF STATUS DESIRED   \$8.75 Additional Fee required for a Certificate of Status
·	7. Name and Address of	Current Registered Agent
Name Nicholas I	Mulick Fee /N	icholae W Mulick D A

Mullek, Esq./Nicholas w. Mullek, Street Address (P.O. Box Number is Not Acceptable) 91645 Overseas Highway Suite, Apt. #, Etc. City State Zip Code 33070

Tavernier

FL

8. I, being apacint of 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 10-20-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Titles Officer and/or Director

City / State / Zip VP Marcia Panse 216 Pearl Ave Tavernier, FL 33070 11 P Bernice Dionne Tavernier, FL 33070 177 N Coconut Ln Trish Biondoletti 256 Jasmine St Tavernier, FL 33070 D 68 Bass Ave Cindy Self Key Largo, FL 33037

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 filling 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-20-03 305-451-5880

Daytime Phone #

CR2E081 (10/02)

Law Offices

## Nicholas W. Mulick

91645 Overseas Highway
Tavernier, Florida 33070
(305) 852-9292 • (305) 852-8880 FAX

October 22, 2003

FLORIDA DEPARTMENT OF STATE Division of Corporations PO Box 6327 Tallahassee, Florida 32314

Re:

Coral Shores Athletic Booster Club, Inc.

Document No. N02000004313

Enclosed please find the application for reinstatement form for the above-referenced not-for-profit corporation, together with a check in the amount of \$61.25 for the filing fee. Due to the principal and mailing address being incorrectly listed as our previous law firm's address, the corporation did not receive the annual report form for 2003. It is possible the report was received by our previous law firm but may have been redirected. Upon investigation, no one at our previous law firm recalls receiving or redirecting the annual report.

Please contact the undersigned should you have any questions or need further information to process this request.

Thank you for your anticipated cooperation regarding this matter.

Very truly yours,

NICHOLAS W. MULICK, ESQ.

eleh W. Muliek

Bv:

NM/ai

Enclosures