

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

2015



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 MAR - 31 08:47

DOCUMENT # N04000009752

1. Corporation Name

CORAL KEY HOMEOWNERS ASSOCIATION, INC

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

2060 HWY A1A

Suite, Apt. #, etc.

303

City & State

INDIAN HARBOUR BEACH, FL

Zip

32937

Country

USA

3. Mailing Office Address

2060 HWY A1A

Suite, Apt. #, etc.

303

City & State

INDIAN HARBOUR BEACH, FL

Zip

32937

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/2004

5. FEI Number

45-2959907

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

JAMES M. KEALEY

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

2060 HWY A1A

Suite, Apt. #, Etc.

303

City

INDIAN HARBOUR BEACH

State

FL

Zip Code

32937

300271258373

03/31/15--01026--018 **175.00

300271258373

03/31/15--01026--017 **81.25

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

Date 03/19/2015

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
PRES	LAURIE WILLIS	2060 HWY A1A SUITE 303	INDIAN HARBOUR BEACH, FL 32937
VP	SHAWN SEMAN	2060 HWY A1A SUITE 303	INDIAN HARBOUR BEACH, FL 32937
DIR	KAREN REARDON	2060 HWY A1A SUITE 303	INDIAN HARBOUR BEACH, FL 32937
DIR	JACKI DIAMOND	2060 HWY A1A SUITE 303	INDIAN HARBOUR BEACH, FL 32937
SECT	WILL OSBORNE	2060 HWY A1A SUITE 303	INDIAN HARBOUR BEACH, FL 32937

10. E-mail Address: JIMKEALEY@CAMMGT.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:

03/19/2015

321-777-0402

Date

Daytime Phone #