

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDACORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37068

## 1. Corporation Name

Coral Pointe Association, Inc.

## 2. Principal Office Address

c/o Pointe Management

Suite, Apt. #, etc.

75 NE 6 Avenue #206

City &amp; State

Delray Beach, Florida

Zip

33483

Country

USA

## 3. Mailing Office Address

c/o Pointe Management Group, Inc.

Suite, Apt. #, etc.

75 NE 6 Avenue #206

City &amp; State

Delray Beach, Florida

Zip

33483

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

## 5. FEI Number

650203375

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

Eric Estebanez c/o Pointe Management Group, Inc.

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

75 NE 6 Avenue

Suite, Apt. #, Etc.

Suite # 206

City

Delray Beach

State

FL

Zip Code

33483

## 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

6/18/02

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
P/D	Bill Hood	4450 NW 55 Drive	Coconut Creek, Fl. 33073
V/D	Randall Merritt	5462 NW 42 Way	Coconut Creek, Fl. 33073
S/D	Angela Harrington	5438 NW 45 Way	Coconut Creek, Fl. 33073
T/D	Lee Kaplan	4290 NW 55 Drive	Coconut Creek, Fl. 33073

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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-1-02 937/428/242

**CORAL POINTE ASSOCIATION, INC.**  
**POINTE MANAGEMENT GROUP, INC**

75 N.E. 6TH AVE. SUITE 206  
DELRAY BEACH, FLORIDA 33483  
(561) 274-3031 DELRAY\BOCA  
FAX (561) 274-3065

May 21, 2002

Florida Dept. of State  
Division of Corporations  
Po Box 6327  
Tallahassee, Fl. 32314

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**RE: REINSTATEMENT OF CORAL POINTE ASSOCIATION, INC.**

DOCUMENT # :N37068

To Whom it may Concern;

I called your office last week, spoke with a Tyrone, and explained the situation that the above property had not received a UBR for 2001 or 2002.

I was advised by Tyrone to use the form attached and ask that the late fees be waived. He also stated to mail in a check for \$122.50 to cover the reinstatement for both years.

I ask that late fees be waived, since the Corporation listed above is a non-profit organization as well as the fact that no renewals were received for the 2001 or 2002 years at Pointe Management Group, Inc.

Thank you for your kind attention to this matter.

Sincerely,

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Doris Kerskey  
Pointe Management Group, Inc.