

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 MAY -2 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 771081

1. Corporation Name

CORAL Breeze Condominium
Association, INC

2. Principal Office Address

2% American Condo Mgmt % American Condo Mgmt

Suite, Apt. #, etc.

909 SE 47th Terr #105 PO Box 100399

City & State

CAPE CORAL, FL

Zip

33904

Country

USA

3. Mailing Office Address

2% American Condo Mgmt % American Condo Mgmt

Suite, Apt. #, etc.

909 SE 47th Terr #105 PO Box 100399

City & State

CAPE CORAL, FL

Zip

33910

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-2529504

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

SUSAN KASE

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

% American Condominium Mgmt Inc

Suite, Apt. #, Etc.

909 SE 47th Terr, #105

City

CAPE CORAL

State

FL

Zip Code

33904

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

Susan Kase

REGISTERED AGENT MUST SIGN

Date

4/23/05

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	Dean Mitchinson	4120 SW 6th PL	CAPE CORAL, FL 33914
V	Su Dodaddo	4616 SE 6th Ave, #104	CAPE CORAL, FL 33904
ST	Tory Erickson	4616 SE 6th Ave, #102	CAPE CORAL, FL 33904

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:

Dean Mitchinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-05

Daytime Phone #

CR2E081 (01/05)