

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP -8 PM 3:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 714055

1. Corporation Name

Coronet Arms Condominium Inc.

W06 - 37673

2. Principal Office Address

2324 Taylor St.

Suite, Apt. #, etc.

5

City & State

Hollywood, FL.

Zip

33020

Country

Broward

3. Mailing Office Address

2324 Taylor St.

Suite, Apt. #, etc.

5

City & State

Hollywood, FL.

Zip

33020

Country

Broward

REINSTATEMENT 74-06
CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

DAVID L. BROUGH

800079714868

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

1900 NORTH COMMERCE PARKWAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33326

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

David L Brough 9543840732
REGISTERED AGENT MUST SIGN

Date 8-21-06

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	Dagoberto Zuniga	2324 Taylor St. # 5	Hollywood, FL. 33020
T	Lucy Handfield	2324 Taylor St. # 12	Hollywood, FL 33020
VP	Josephine Cerullo	2324 Taylor St. # 7	Hollywood, FL. 33020
BD	Brigitte Stein	2324 Taylor St. # 4	Hollywood, FL 33020
BD	Teresa Baribault	2324 Taylor St. # 8	Hollywood, FL. 33020
BD	Rodger Baribault	2324 Taylor St. # 8	Hollywood, FL. 33020

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 contained in Chapter 119, 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:

DAVID L BROUGH

Dagoberto Zuniga President 8/20/06

Date

Daytime Phone #

(954) 922-6666