PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 OCT 19 AM 8:51

DOCUMENT # 719277

1. Corporation Name

CORINTHIAN GARDENS, INC.

REINSTATEMENT

CR2E081 (12/05)

06

2. Principal Office Address	**3.** Mailing Office Address
501 SW 11th Place	same
Suite, Apt. #, etc.: A2	Suite, Apt. #, etc.
City & State: Boca Raton, FL	City & State
Zip: 33432 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 9/9/1970

5. FEI Number: 59-1452317 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Donald M. Allison

Street Address (P.O. Box Number is Not Acceptable): 1515 S. Federal Hwy.

Suite, Apt. #, Etc.: Suite 306

City: Boca Raton State: FL Zip Code: 33432

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 10-11-2006

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
PD	Patrick Conaghan	501 SW 11th Pl., Apt 103A	Boca Raton, FL 33432
VD	Ingrid Hoffmann	501 SW 11th Pl., Apt. 318C	Boca Raton, FL 33432
TD	George Southwick	501 SW 11th Pl., Apt. 408B	Boca Raton, FL 33432
SD	Lynne Fellows	501 SW 11th Pl., Apt. 206A	Boca Raton, FL 33432
D	Robert Carmody	501 SW 11th Pl., Apt. 401A	Boca Raton, FL 33432

SOUTHBOUND
10/19/06--01029--006 **245.00

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: _____ Ingrid Hoffmann 10/12/2006 561-393-0072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B. Mitchell OCT 19 2006