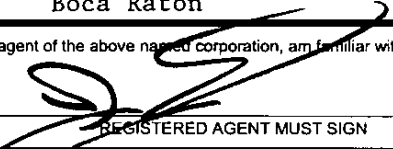
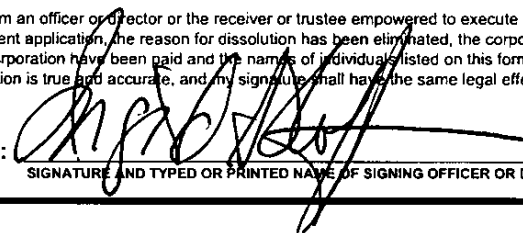


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		05 OCT 19 14 05:51	
DOCUMENT # 719277					
1. Corporation Name CORINTHIAN GARDENS, INC.					
2. Principal Office Address 501 SW 11th Place		3. Mailing Office Address same		REINSTATEMENT CR2E081 (12/05) 86	
Suite, Apt. #, etc. A1		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 ☒				\$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	
10/18/06--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