

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 MAY 25 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #721320

1. Corporation Name

Coronet Village Condominium, Inc.,

2. Principal Office Address - No P.O. Box #

1761 West Hillsboro Boulevard

3. Mailing Office Address

1761 West Hillsboro Boulevard

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City & State

Deerfield Beach

City & State

Deerfield Beach

Zip

33442

Country

USA

Zip

33442

Country

USA

REINSTATEMENT

CR2E081 (11/10)

73-12

4. Date Incorporated or Qualified

To Do Business in Florida 7/09/1971

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

Law Office of Adam I. Skolnik, P.A.

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

1761 West Hillsboro Boulevard

Suite, Apt. #, Etc.

Suite 201

City

Deerfield Beach

State

FL

Zip Code

33442

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05/24/12--01027--008 **2573.50

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

REGISTERED AGENT MUST SIGN

Date 4/6/12

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	Valentin Suboni	2461 Polk Street #2	Hollywood, FL 33022
VD	Ceasar P. Vitale	2461 Polk Street #8	Hollywood, FL 33022
T/SD	Sue Sirianni	2461 Polk Street #10	Hollywood, FL 33022

10. E-mail Address: askolnik@skolniklawpa.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Valentin Suboni Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-12 934430083