PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

05 MAY 25 AM 8: 57

SECRETARY OF STATE FALLAHASSEE, FLORIDA

DOCUMENT # 722695

1. Corporation Name

CORONET PINES CONDOMINIUM, INC.

2. Principal Office A	ddress	3. Mailing Office Address		
2428 Ta	ylor Street	2428 Taylo	r Street	
Suite, Apt. #, etc. Unit 9		Suite, Apt. #, etc. Unit 9		
City & State Hollywood, Florida		City & State Hollywood, Florida		
^{Zip} 33020	Country Broward	^{Zip} 33020	Country Broward	

4. Date Incorporated or Qualified
To Do Business in Florida February

16,1972

5. FEI Number 59-1463514

Applied For Not Applicable

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of C	urrent Registered Agent
Name FRANK GARCIA	400055336544 05/25/0501058005 **21 (6.25
Street Address (P.O. Box Number is Not Acceptable) 2428 Taylor Street	400055336544
Suite, Apt. #, Etc. Unit 9	05/25/0501058006 **175.00
City Hollywood	State Zip Code FL 33020

8.	. I, being appointed the registered agent of the above named corpora	ition	am (amiliar with and accent	the obligations of	of section	607 0505 or 617	0503	F S

Signature of Signature U.
Registered Agent
FRANK

5/17/05

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
PD	FRANK GARCIA	2428 Taylor Street Unit 9	Hollywood, FL 33020
STD	ROGER GUSTAFSON	2428 Taylor Street Unit 3	Hollywood, FL 33020
D	ROBERT MOSS	2428 Taylor Street Unit 2	Hollywood, FL 33020
			mnn55336544
		05/7	00055336544 5/0501058007 **8.75
i	 		

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 filling 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 spall have the same legal effect as if made under oath.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/05

(954) 923-9052

CR2E081 (01/05)