PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION for REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV 15 AM 9:29

DOCUMENT # **730335**

1. Corporation Name

CORONET HEIGHTS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
350 S 17TH AVE HOLLYWOOD FL 33020	350 S 17TH AVE HOLLYWOOD FL 33020

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 08/02/1974

5. FEI Number: 59-1684937 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SANTONE, GREGORY WAYNE	350 S 17 AVE #1	HOLLYWOOD FL 33020
SD	~~ZARCHIN, ANDREA~~ Hart, Nancy	350 S. 17TH AVE. #3	HOLLYWOOD FL 33020
TD	TOCCHIO, DONATO	350 S 17 AVE., #2	HOLLYWOOD FL 33020
			300004705913--1 -12/05/01--01047--004 *****61.25 *****61.25

8. Name and Address of Current Registered Agent

SANTONE, GREGORY WAYNE
350 S 17 AVE
APT. #1
HOLLYWOOD FL 33020

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

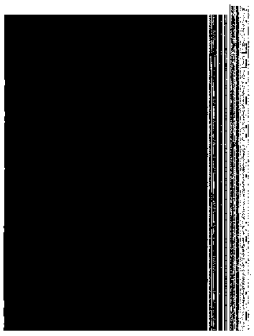
Signature of Registered Agent: Gregory Wayne Santone Date: 10-22-1

REGISTERED AGENT MUST SIGN

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., 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 shall have the same legal effect as if made under oath.

SIGNATURE: Nancy Hart 10-22-01

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



November 13, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

Please find enclosed an application for reinstatement for Coronet Heights Condominium, Inc. I am the new secretary/treasurer and assumed responsibly on November 4, 2000 when I took over residency of the former secretary/treasurer. To the best of my knowledge we did not receive prior notification regarding the status of our corporation. Accordingly, please find enclosed check no. 1096 in the amount of $61.25 for our annual fee.

If you have any questions, please contact me at 954-923-4226. Please send future notices to me the address below.

Sincerely,

Nancy Hart
Secretary/Treasurer
Coronet Heights Condominium
350 South 17th Avenue
#3
Hollywood, FL 33020