

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR -3 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 734971

1. Corporation Name
CORAL SPRINGS GARDENS EAST II
ASSOCIATION INC

2. Principal Office Address - No P.O. Box #
8604 NW 35 ST

3. Mailing Office Address
6253 LANSLOWNE CIR

Suite, Apt. #, etc.
204

Suite, Apt. #, etc.

City & State
CORAL SPRINGS FL

City & State
BOYNTON BCH

Zip
33065

Country
USA

Zip
FL 33472

Country
USA

CR2B081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida 2.17.1976

5. FEI Number 591709588

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
LESLIE SPRUCE

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

Suite, Apt. #, Etc.
6253

City
BOYNTON BCH

State
FL

Zip Code
33472

600222168446
04/03/12--01020--021 **61.25

600222168446
02/16/12--01027--002 **236.25

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
L Spruce

Date 2-12-12

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
P	EVELYN SUAREZ	8604 NW 35 ST APT 204	CORAL SPRINGS FL 33065
VP	LESLIE SPRUCE	6253 LANSLOWNE CIR BOYNTON BCH	FL 33472
T	Diana bale	210 LAKEVIEW DR APT 308	WESTON FL 33326

REINSTATEMENT

APR 04 2012

T. SCOTT

2011-12

10. E-mail Address: LSHS PRU @ COMCAST.NET

(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: LESLIE SPRUCE VP

Date 2-12-12 561374 9020
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR