

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 13 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 767985

1. Corporation Name

TEN COINS, INC.

REINSTATEMENT

CR2E081 (12/05)

2. Principal Office Address

1485 CORONA LN

Suite, Apt. #, etc.

3. Mailing Office Address

1485 CORONA LN

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

VERO BEACH, FL

Zip

32963

Country

US

Zip

32963

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

4-15-1983

5. FEI Number

593000707

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

Dan KEDEM

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

1485 CORONA LN

Suite, Apt. #, Etc.

City

VERO BEACH

State

FL

Zip Code

32963

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/07/2006

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
PRES.	Dan KEDEM	1485 CORONA LN	VERO BEACH, FL 32963
VICE PRES.	TOM LARSON	1475 CORONA LN	VERO BEACH, FL 32963
TREAS.	SANDY VECCHIO	1415 CORONA LN	VERO BEACH, FL 32963
SEC.	RENEE BETANCOURT	1455 CORONA LN	VERO BEACH, FL 32963

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:

[Signature] Dan KEDEM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/07/2006

Date

772-492-1614

Daytime Phone #

772-492-1614