

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR  
**FLORIDA DEPARTMENT OF STATE**  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K65083**  
1. Corporation Name  
**CORAL OAKS CORPORATION**

Principal Place of Business Mailing Address  
**10530 S.W. 57TH AVE. MIAMI FL 33156** **10530 S.W. 57TH AVE. MIAMI FL 33156**

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 **02/06/1989**  
5. FEI Number **65-0099525** 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	OWENS, BOB	5795 SW 99 TERRACE	SOUTH MIAMI FL 33156
C	RAFF, ALAN	11096 MONFERD STREET	CORAL GABLES FL
S	MALININ, DOROTHY	360 ATLANTIC ROAD	KEY BISCAYNE FL 33149
T	TAYLOR, STEPHEN D	1172 S. DIXIE HWY, #441	CORAL GABLES FL 33146

8. Name and Address of Current Registered Agent  
**RAFF, ALAN B**  
**11096 MONFERO STREET**  
**CORAL GABLES FL 33156**

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

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 *Alan B. Raff* Date **10-18-01**  
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: *Alan B. Raff* **ALAN RAFF** Date **10-18-01** **305**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **661-0092**

FILED  
01 OCT 22 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CR2040 (8/01)



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October 18, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Document # K65083, Coral Oaks Corporation

Gentlemen:

We failed to receive from you renewal notice for the subject form. Instead, we just received Notice of Administrative Dissolution.

Inasmuch as the renewal form was not sent to us, we are enclosing completed application for reinstatement as well as our check in the amount of \$150.

Thank you for your help in resolving this matter.

Yours truly,

A handwritten signature in black ink, appearing to read "Alan B. Raff".

Alan B. Raff  
Chairman