## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION** FOR . REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

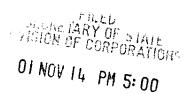
L13603

1. Corporation Name

CORAL SANDS MOTEL, INC.

Principal Place of Business

Mailing Address



				TER ST. IGTON CT 06378			REINSTATEMENT O			
If above a	ddresses are inco	orrect in any way, line thr	ough incorrect in	nformation a	ınd enter d			Enganting (	· ·	<del></del> -
				Mailing Office Address, If Applicable pt. #, etc.			4. Date Incorporated or Qualified To Do Business in Florida  08/31/1989  5. FEI Number  Applied For			
Suite, Apt. #, etc. Suite, /										
City & State			City & State				59-2968910 Not Appli		Applicable	
Zip	C	ountry	Zip		Country	<i>'</i>	6. CERTIFICATE		75 Additional for a Certificate	
7. Names	and Street Addres	ses of Each Officer and	or Director (Flo	rida nonpro	fit corpora	tions must list at lea	ast 3 directors)			
Title(s)	Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director				City / State / Zip		
PSDC	BARRES, PAULINE D			94 WATER ST.				STONINGTON CT		
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•	L			L				<u> </u>		
8. Name and Address of Current Registered Ages DUFFETT, HENRY P 120 EAST GRANADA BLVD 1009 OCEAN SHORE BLVD ORMOND BEACH FL 32175					Name I-C		9. Name and Address of New Registered Agent  (P.O. Box Number is Not Acceptable)  Ic.  State Zip Code  FL 32 76			
10. I, being		gistered agent of the abo	0 1	oration, am f		th and accept the ol	bligations of Secti	on 607.0505, F.S.	1-	

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.

SIGNATURÈ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR