

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 14 PM 5:00

DOCUMENT # L13603

1. Corporation Name

CORAL SANDS MOTEL, INC.

Principal Place of Business

Mailing Address

1009 OCEAN SHORE BLVD
ORMOND BEACH FL 32176
US

94 WATER ST.
STONINGTON CT 06378
US



REINSTATEMENT 01

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

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2968910

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSDC	BARRES, PAULINE D	94 WATER ST.	STONINGTON CT
			100004703511--7 -12/04/01--01024--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DUFFETT, HENRY P
120 EAST GRANADA BLVD
1009 OCEAN SHORE BLVD
ORMOND BEACH FL 32175

9. Name and Address of New Registered Agent

Name Henry P. Duffett
Street Address (P.O. Box Number is Not Acceptable) 120 E. Granada Ave
Suite, Apt. #, Etc.
City Ormond Beach State FL Zip Code 32176

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/5/01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/01 (860) 535-3424
Date Daytime Phone #

CR2E040 (8/01)