

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M95977

1. Corporation Name

CORAL GABLES MANAGEMENT COMPANY, INC.

FILED  
00 DEC 12 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
7060 SW 8TH STREET- MIAMI FL 33144  
4248 Tuller Rd  
Dublin, Ohio 43017

REINSTATEMENT 2000

2. New Principal Office Address, If Applicable  
4248 Tuller Rd  
Suite, Apt. #, etc.  
City & State  
Dublin Ohio  
Zip  
43017  
Country  
USA

3. New Mailing Office Address, If Applicable  
4248 Tuller Rd  
Suite, Apt. #, etc.  
City & State  
Dublin, Ohio  
Zip  
43017  
Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida  
08/25/1988

5. FEI Number  
31-1249715  
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
D	HAEMMERLE, JOHN M.	4248 TULLER DR	DUBLIN OH
D	HAEMMERLE, DIANE K.	4248 TULLER DR	DUBLIN OH

4000003506304--5  
-12/19/00--01093--013  
\*\*\*\*750.00 \*\*\*\*750.00  
LS

8. Name and Address of Current Registered Agent  
GOLDSMITH, KAREN L.  
% DEMPSEY & GOLDSMITH, P.A.  
605 E. ROBINSON ST. SUITE 500  
ORLANDO FL 32801

9. Name and Address of New Registered Agent  
Name  
John M. Haemmerle  
Street Address (P.O. Box Number is Not Acceptable)  
4248 Tuller Rd  
Suite, Apt. #, Etc.  
Dublin, Ohio  
City  
Dublin  
State  
OH  
Zip Code  
43017

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  
John M. Haemmerle  
REGISTERED AGENT MUST SIGN

Date  
10/24/00

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: John M. Haemmerle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date  
10/24/00  
Daytime Phone #  
614-889-5002