

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR -4 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000007797

1. Corporation Name

CORAL BAY SECTION C HOMEOWNERS ASSOCIATION, INC

2. Principal Office Address - No P.O. Box #

1481 BELLA VISTA AVE

Suite, Apt. #, etc.

City & State

CORAL GABLES

Zip

33156

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2001

5. FEI Number

600000169

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

FRED SANTIAGO

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

1481 BELLA VISTA AVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33156

REINSTATEMENT

- 2014

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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

REGISTERED AGENT MUST SIGN

Date

04-01-14

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	RUSSEL ANNO	1420 TAGUS	CORAL GABLES, FL. 33156
TREA.	FRED SANTIAGO	1481 BELLA VISTA	CORAL GABLES, FL 33156
DIR.	MANUEL PEREZ	1560 AGUA	CORAL GABLES, FLA. 33156
DIR.	EUGENIO ARANGO	1421 AGUA	CORAL GABBLES, FL. 33156
DIR.	MARK SEYFORTH	1501 BELLA VISTA	CORAL BABLES FL. 33156

10. E-mail Address: fredsantiago@comcast.net

(To be used for future annual report notification)

RR NAME I AM/IS

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-2014

Date

305-799-1481

Daytime Phone #