PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPO REINSTA	ATEMEN	VT		Se DIVIS	ecretary ION OF CO	MENT OF Some of State	STATE		08 NOV 17 PM	1: 17
DOCUMENT # NO200000635 1. Corporation Name Coral Sea View Condominium Assoc.								SECILLIAN STATE TALLAHASSEE, FLORIDA		
1. Corporation Name Coral Sca View Condomnium Assuc.								400137999174 11/17/0801049003 **236.25		
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address										
					180 NE Miani GArdy			· 1 <i>O</i> 1.	CR2E081 (10	0/08)
				uite, Apt. #, e				4. Date Incorporated or Qualified		
13 <i>O</i> City & State City & State								To Do Business in Florida		
North Migri Fl. N.				N. Mi	Miami, Fl			5. FEI Number Applied For X Not Applicable		
zip 33179	η (°	ountry) ABE	Zi	33179		Country DADE		6. CERTIFICATE	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent								☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.		
Carlos Triay										
Street Address (P.O. Box Number is Not Acceptable)										
Suite, Apt. #, Etc.										
City State Zip Code FL 33172										
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 10/21/08		
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	
	Dooley Ryan M.			1401 SE 2200 St. Apt 15			. Apt 1103	Miami, Fl.	33145	
	Heidi Anderson			1401 SE 22 0 Bh Apt			tpt	Miami, Fl.	33145	
00	niego,	Ditiba	70,00		401.	5E 22 nd	rt. A	pt 1206	Mipni, Pl.	33145
DA	D Angola, Caravallo 14015C					5C 22 rd	St. Ap	+ 1407	Miami, Fl. 33	145
P(I)										
REINSTATEMENT										
10. 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 contained in Chapter 119, 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 Date Daytime Phone #										