

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**FILED**

09 NOV 12 PM 2:28


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200162765922  
11/12/09--01037--022 \*\*750.00

**REINSTATEMENT**  
COR 2008 L (10/09)

08-09

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03000009758**

1. Corporation Name

**Roney Palace Commercial Condominium**

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

**2377 Collins Ave.**

Suite, Apt. #, etc.

City & State

**Miami Beach, Florida**

Zip

Country

**33139**

**USA**

3. Mailing Office Address

**3200 NW 119 St.**

Suite, Apt. #, etc.

City & State

**Miami, Florida**

Zip

Country

**33167**

**USA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

**N03000009758**

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

**KOS Management, LLC**

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

**3200 NW 119 St.**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33167**

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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or section 617.0503, F.S.

Signature of Registered Agent

*[Handwritten Signature]*  
REGISTERED AGENT MUST SIGN

Date **11/09/2009**

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
D	Kossman, Murray	2399 Collins Avenue	Miami Beach, Florida 33139
D	Achenbaum, William	2399 Collins Avenue	Miami Beach, Florida 33139
D	Achenbaum, Michael	2399 Collins Avenue	Miami Beach, Florida 33139

10. E-mail Address: **coronetpap@aol.com**

(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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. 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.

SIGNATURE:

*[Handwritten Signature]*

Murray Kossman -

11/9/09

- (786-543-7057)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone#