PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2017

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 FEB 22 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05000003834

1. Corporation Name

Coral Club Garden Villas Condominium Association, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12895 SW 132 Street	P.O. Box 771566
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ste. 103	
City & State	City & State
Miami, FL	Miami, FL
Zip / Country	Zip / Country
33186 / USA	33177 / USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
04/14/2005

5. FEI Number
14-1934979

x 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
Florida Advanced Properties, Inc.

Street Address (P.O. Box Number is Not Acceptable)
12895 SW 132 Street

Suite, Apt. #, Etc.
Ste.103

City / State / Zip Code
Miami / FL / 33186

900295846889
02/22/17--01021--009 **236.25

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 _____ Date 11/3/2016
REGISTERED AGENT MUST SIGN

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
P	Salvador D'Arbelles	P.O. BOX 771566	MIAMI, FL 33177
VP	Omar Guillen	P.O. Box 771566	MIAMI, FL 33177
T	Enrique Apicella	P.O. Box 771566	MIAMI, FL 33177
S	Belkis Ortega	P.O. Box 771566	MIAMI, FL 33177
D	Maria T. Rojas	P.O. Box 771566	MIAMI, FL 33177

10. **E-mail Address:** admin@floridaadvanced.com
(To be used for future annual report notification)

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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K. ASHTON