

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 28 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 1739066

1. Corporation Name

CORAL COURT CONDO. ASSOC., INC.
527 W. CAPE CORAL PKWY
CAPE CORAL, FL 33914

2. Principal Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

527 W. CAPE CORAL PKWY

Suite, Apt. #, etc.

#7

City & State

CAPE CORAL, FL

Zip

33914

Country

LEC

REINSTATEMENT

00-04

**4. Date Incorporated or Qualified
To Do Business in Florida**

10-20-1982

5. FEI Number

63-0250592

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

E. JANE HUNSUCKER

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

527 W. CAPE CORAL PKWY #7

Suite, Apt. #, Etc.

#7

City

CAPE CORAL

State

FL

Zip Code

33914

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

E. Jane Hunsucker, Treasurer

Date 10-8-04

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
<u>PRES</u>	<u>KAREN PRUETT</u>	<u>527 W. CAPE CORAL PKWY #6</u>	<u>CAPE CORAL, FL 33914</u>
<u>SEC</u>	<u>BEVERLY PARENT</u>	<u>527 W. CAPE CORAL PKWY #2</u>	<u>CAPE CORAL, FL 33914</u>
<u>TREAS</u>	<u>E. JANE HUNSUCKER</u>	<u>527 W. CAPE CORAL PKWY #7</u>	<u>CAPE CORAL, FL 33914</u>
<u>V-PRES</u>	<u>LAURA ALLENFORT</u>	<u>5213 S.W. 8th PLACE</u>	<u>CAPE CORAL, FL 33914</u>
		<u>400041905064</u>	
		<u>10/15/04--01075--003 **306.25</u>	

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 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:

E. Jane Hunsucker, Treasurer

10-8-04

Date

1-239-549-8941

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/04)

Oct 25, 2004

Division of Corporations,

Dear Sir,

I am writing to state we never received a letter in 2000 stating the annual report notice. I am asking to have the \$400 late fee waived. You have our check for \$306.25 sent 10-15-04.

Thank you,

E. James Hunsucker
Treasurer

Coral Coast Cond #1

527 W. Cape Coral Pkwy.

Cape Coral, FL

33914

Responding to Letter # 004A00059720