

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -9 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000004961

1. Corporation Name

CORAL ISLE CONDOMINIUM ASSOCIATION (BROWARD COUNTY), INC.

Principal Place of Business

3079 NW 92 AVE
CORAL SPRINGS FL 33065
US

Mailing Address

3079 NW 92 AVE
CORAL SPRINGS FL 33065
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

01

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1994

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	HASTEY, JUDY	3081 NW 92 AVE	CORAL SPRINGS FL 33065
VPD	WASIELAK, SANDY	3071 N.W. 92ND AVENUE	CORAL SPRINGS FL 33065
TD	AFFATATI, PETER	3079 N.W. 92ND AVENUE	CORAL SPRINGS FL 33065

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8. Name and Address of Current Registered Agent

AFFALATATI, PETER L
3079 NW 92 AV
CORAL SPRINGS FL 33065

9. Name and Address of New Registered Agent

Name

Peter L. Affatati

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

3079 NW 92 Avenue

Suite, Apt. #, Etc.

City

CORAL SPRINGS

State

FL

Zip Code

33065

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/3/01

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER L. Affatati 11/3/01 954-340-0748

Date

Daytime Phone #

CR2E040 (8/01)