PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUN 25 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005750

REINSTATEMENT 00-01

1. Corporation Name
CORAL FALLS RESORT CONDOMINIUM ASSOCIATION, INC.

2. Principal Office Address	3. Mailing Office Address
600 FIFTH AVE SOUTH	600 FIFTH AVE. SOUTH
Suite, Apt. #, etc. #306	Suite, Apt. #, etc. #306
City & State NAPLES, FLORIDA	City & State NAPLES, FL
Zip 34102 Country USA	Zip 34102 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3724950 ☐ 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: BAUR, KLEIN, MATOS & RIEDL ATTN: NORMA VINCENT
Street Address (P.O. Box Number is Not Acceptable): 837 FIFTH AVE SOUTH
Suite, Apt. #, Etc.: 203
City: NAPLES State: FL Zip Code: 34102

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074134Q1 01047-002
****87.50 ****87.50

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: Norma Vincent, ATTORNEY Date: 5/14/01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
PVD	KERNER, MICHAEL	600 FIFTH AVE S. #306 NAPLES FL. 34102	NAPLES, FL 34102
STD	KERNER, ULRIKE	600 FIFTH AVE S #306	NAPLES, FL 34102
D	NEEDLES, MARV	901 N. COLLIER BLVD	MARCO ISLAND 34145

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: ULRIKE KERNER 06.06.01 941-434-5225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #