PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB 21 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000005750

1. Corporation Name

CORAL FALLS RESORT
CONDOMINIUM ASSOCIATION, INC.

REINSTATEMENT 02-03

400012974604
02/21/03--01112--022 **306.25

2. Principal Office Address		**3.** Mailing Office Address	
6230 Shirley Street		6230 Shirley Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 202		Suite 202	
City & State		City & State	
Naples, Florida		Naples, Florida	
Zip	Country	Zip	Country
34109	U.S.A.	34109	U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 9/27/99

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: Ulrike Kerner

Street Address (P.O. Box Number is Not Acceptable): 6230 Shirley Street

Suite, Apt. #, Etc.: Suite 202

City: Naples | State: FL | Zip Code: 34109

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: 2/18/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Michael Kerner	6230 Shirley Street, Suite 202	Naples, Florida 34109
STD	Ulrike Kerner	6230 Shirley Street, Suite 202	Naples, Florida 34109
D	Roland Hauber	1203 Whitehart Avenue	Marco Island, Florida 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, Director 2/18/03 (239) 434-5225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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