

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 DEC 20 PM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017900

1. Corporation Name

CORAL POOLS OF PALM BEACH

2. Principal Office Address

808 W. PALM ST

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 3061

Suite, Apt. #, etc.

City & State

LANTANA FL

City & State

LANTANA FL

Zip

33462

Country

PALM BCH

Zip

33465

Country

PALM BCH

4. Date Incorporated or Qualified
To Do Business in Florida

2-16-2001

5. FEI Number

65-1103504

☒ 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

JUDY MORAN, E.

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

1315 CARIBBEAN WAY

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

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

REGISTERED AGENT MUST SIGN

Date

12-9-05

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
PRES	DOUGLAS A. MORAN	1315 CARIBBEAN	LANTANA FL 33462
V. PRES	JUDY E. MORAN	1315 CARIBBEAN	LANTANA FL 33462

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:

DOUGLAS A. MORAN

12-9-05

561-436-3630

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #