PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTAFEMENT	FLORIDA DEPARTMENT O Secretary diffictate DMISION OF CORPORATION		33	FZ
DOCUMENT #		-		
1. Corporation Name Coral Gobles Title	And Eserow	, Inc		
			afterfaller aftafferen ett i	C-C-M
Principal Office Address - No P.O. Box # /	S. Dade land BIV 3. Mailing Office Address	<u>d.</u> 192722	936054-027	**I650.00
one Deaten Centre GICO	5. Maining Office Address	,		
Suite, Apt. #, etc.	Scile, Apt. #, etc.	4. Date Incorpo	CP2E081 (11/10)
Sulte 700 City & State	City & State	To Do Busine		
Miami FL		5. FEI Number		Applied For Not Applicable
3315L 45A	Zip Country	6. CERTIFICATE		5 Additional Fee required or a Certificate of Status
7. Name and Address of	of Current Registered Agent		_	
Name Jeffrey L.	Baxter, ESR			
Street Address (P.O. Box Number is Not Acceptable One Datron Contre 9100.	s Dadeland Bhd			. v - !
Suite, Apt. #, Etc.				<u>D</u>
Mi achi		Zip Code		E
8. I, being appointed the registered agent of the about Signature of Registered Agent	ove named corporation, am familiar with an	d accept the obligations of section	607.0505 or 617.0503, F.S	
9. Names and Street Address-s of Each Officer an		s must list at least 3 directors)	, <u> </u>	2
Titles Name of Officers and/or Directors	Street Ad	idress of Each	City / State	/ Zio
P Jeffrey L B	Soxter 9100 Spo	edeland blvd.	Miani	FL
	Suite:			33156
			APR 2 7 2021	
			HLU C . TOTI	
10. E-mail Address: TBax		e annual report notification		
11. I certify that I am an officer or director or the receivement application, the reason for dissolution owed by the corporation have been paid. I further our finade under oath, I am aware that also informati	ver or trustee empowered to execute this at in has been eliminated, the corporate name certify—spe information indicated on this app	oplication as provided for in chapter satisfies the requirements of secti- lication is true and accurate, and n	on 607 0401 or 617,0401, F.: ty signature shall have the si	S., and that all fees ame legal effect as
SIGNATURE:	PED OR PRINTED NAME OF SIGNING OFFICE		217/2021	307-129 - 80
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ALL APPLICATIONS NOT COMPLETED IN ACCORDANCE WITH THESE INSTRUCTIONS WILL BE RETURNED FOR CORRECTION(S). PLEASE READ ALL INSTRUCTIONS CAREFULLY.

INSTRUCTIONS FOR COMPLETING THE REINSTATEMENT APPLICATION

- Block 1 Enter the corporation name & document number on file with the Secretary of State in Block 1. The NAME of the corporation can be changed only by filing an amendment.
- Block 2 The principal address must be a street address. A Post Office Box can not be used for the principal address. A Post Office Box is acceptable for the mailing address.
- **Block 3** Type or print the mailing address in Block 3.
- Block 4 Enter the date of incorporation or qualification for this corporation.
- Block 5 Complete Block 5 by entering your Federal Employer Identification (FEI) number or checking off the appropriate box. If "applied for" was previously reported to this office, you MUST now include the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. Call Internal Revenue Service at 1-800-829-4933 for FEI assistance.
- Block 6 Your cancelled check will be your filing acknowledgment unless a certificate of status is requested in Block 6 and an additional \$8.75 is submitted to cover its fee. Certificates of status will be mailed to the corporate mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- Block 7 Enter name of the registered agent and address. (The registered office address must be at a Florida street address.)
- Block 8 The designated registered agent must indicate familiarity with Section 607.0505, F.S., or 617.0503, F.S., and acceptance of its obligations and this appointment by completing and signing in Block 8. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with Section 607.1422(1)(b) or 617.1422(1)(b). F.S. If the registered agent does not sign, the application will be rejected.
- Type or print the current officers/directors in the space provided in Block 9. Attach a separate sheet if necessary. In column 1 use the following or similar letters to designate appropriate corporate title(s): P=President, T=Treasurer, S=Secretary, V=Vice President, D=Director, C=Chairman, M=Manager, etc. If a person holds more than one position, enter all positions, e.g. S/D, V/D, P/V/D. A FLORIDA NONPROFIT CORPORATION MUST LIST ALL DIRECTORS (OR PERSON ACTING IN SUCH CAPACITY) THE NUMBER OF WHICH MAY NOT BE LESS THAN THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. The letter "D" or "T" must appear beside the name and address of each director or trustee in the title portion. NOTE: A director must be a natural person 18 years of age or older. Florida Statutes requires a physical street address be given. The provision of a post office box in Block 9 is an affirmation under oath that no other address is available. If no officers/directors were previously given, they must now be designated.
- Block 10 Please provide an e-mail address. This address will be used for future annual report notifications.
- Block 11 This report must be signed by an officer or a director of the corporation that is listed in Block 9 or on an attachment. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

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	PROFIT CORPORATION	NON-PROFIT CORPORATION	
Reinstatement Fee	\$600.00	\$175.00	
Annual Report Fee	\$150.00 (for each year dissolve	\$ 61.25 (for each year dissolved)	
Minimum Amount Due	\$750.00	\$236.25	

The annual report fee is due each year from the year of dissolution through the current year.

Mailing Address:
Divsion of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Courier Service Address:
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste. 810
Tallahassee, FL 32303

Internet Address: www.sunbiz.org

Phone: (850) 245-6059

Hearing/Voice Impaired may call (850) 245-6096 (TDD)

Jeffrey Baxter

From: donotreply@sunbiz.org

Sent: Tuesday, February 16, 2021 2:24 PM

To: Jeffrey Baxter

Subject: Reinstatement Application Rejected - Document No: P09000033571 Tracking No:

2835619292CR

Document Number: P09000033571

Reinstatement Tracking Number: 2835619292CR

Your reinstatement could not be processed online, the business entity name listed above is no longer available. You must submit an amendment changing the name of your business entity with a completed reinstatement application, as well as the appropriate filing fees for each. Links to the amendment and reinstatement forms are indicated below.

When you have completed the reinstatement and amendment forms, attach a check and mail both forms together to: Florida Department of State, Division of Corporations, PO Box 6327, Tallahassee, FL 32314.

Make the check payable to the Florida Department of State.

If you have questions, please call the appropriate filing section. For Corporations, call 850-245-6059.

For Limited Liability Companies, Limited Partnerships, and Limited Liability Limited Partnerships, call 850-245-6051.

http://form.sunbiz.org/pdf/cr2e011.pdf Amendment Form

http://form.sunbiz.org/pdf/cr2e081.pdf Reinstatement Form