

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 FEB 25 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 97000038684

1. Corporation Name

CORAL GABLES REAL ESTATE ENTERPRISES, INC.

REINSTATEMENT 03-04

2. Principal Office Address

12901 SW 60<sup>th</sup> ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33183

Country

USA

3. Mailing Office Address

7777 NW 146 STREET

Suite, Apt. #, etc.

City & State

MIAMI LAKES, FL.

Zip

33016

Country

USA

200029405992

02/25/04--01071--021 \*\*900.00

4. Date Incorporated or Qualified  
To Do Business in Florida

04-29-1997

5. FEI Number

65-0754220

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

JOSEPH SHOMAR

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

7777 NW 146 STREET

Suite, Apt. #, Etc.

City

MIAMI LAKES

State

FL

Zip Code

33016

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

*Joseph Shomar*

REGISTERED AGENT MUST SIGN

Date 02/23/04

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
P/T	SAMHAN, MOHAMMED	12901 SW 60 <sup>th</sup> STREET	MIAMI, FL. 33183
VP/S	SAMHAN, MAHA	12901 SW 60 <sup>th</sup> STREET	MIAMI, FL. 33183

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/23/04

Date

(305) 825-1123

Daytime Phone #

CR2E081 (01/04)