

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
***DIVISION OF CORPORATIONS***

FILED

12 AUG 27 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000038684

**1. Corporation Name**

CORAL Gables Real Estate Enterprises, Inc.

500238907215  
08/27/12--01001--016 \*\*1050.00

CR2E081 (1/07)

**2. Principal Office Address - No P.O. Box #**

### 3. Mailing Office Address

12901 SW 60TH ST. Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State Miami FL

City &amp; State

Zip	Country
33183	USA

Zip	Country
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**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

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 Mohammad A. SAMHAN

Street Address (P.O. Box Number is Not Acceptable) 12901 SW 60TH ST

Suite, Apt. #, Etc.

City	Miami	State	FL	Zip Code	33183
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☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

**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 08-23-12

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Times	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Mohammad A. SAMHAN	12901 SW 60 <sup>TH</sup> ST	Miami FL 33183

STATEMENT 10-12

**AUG 27 2012**

**L. SCOTT**

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 contained in Chapter 118, 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

Date \_\_\_\_\_

Daytime Phone #