

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000083115

1. Corporation Name

CORONADO VILLAGE CORPORATION

Principal Place of Business

106 W. 23RD STREET
PANAMA CITY FL 32405

Mailing Address

103 W 23RD ST
PANAMA CITY FL 32405

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
103 W. 23RD ST E-3

Suite, Apt. #, etc.
103 W. 23RD ST E-3

City & State
PANAMA CITY, FL

City & State
PANAMA CITY FL

Zip
32405

Country
USA

Zip
32405

Country
USA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 26 PM 4:41



REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1998

5. FEI Number

59-3535604

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PST	WAKSTEIN, GARY	29 N. EGLIN PKWY.	FT. WALTON BCH FL 32548
			32549
			700004677347--2
			-11/13/01--01091--021
			****758.75 ****758.75
			10/16/01

8. Name and Address of Current Registered Agent

WAKSTEIN, GARY
29 N. EGLIN PKWY.
ATTN: BANK ACCOUNTING
FT. WALTON BCH FL 32548

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL Zip Code 32549

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10-16-01

11. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
GARY WAKSTEIN

Date

10-16-01

Daytime Phone #

850-234-6112

CR2EN00 (8/01)