

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE



Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 15 AM 6:14

DOCUMENT # P98000084167

1. Corporation Name

CORONADO ROAD INVESTMENT, INC.

Principal Place of Business

Mailing Address

~~3044 MARIANNA RD.~~
~~JACKSONVILLE FL 32217~~
1547 Mountain Lake Dr. W.
Jacksonville, FL 32221

7961 Normandy Blvd.
PMB #16
Jacksonville, FL 32221



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

4. Date Incorporated or Qualified To Do Business in Florida

09/30/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3535664

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres	Timothy A. McWinn	1547 Mountain Lake Dr. W. Jacksonville, FL 32221	Jacksonville, FL 32221
Sec	Timothy A. McWinn	1547 Mountain Lake Dr. W. Jacksonville, FL 32221	Jacksonville, FL 32221

200003399532--3

-09/20/00--01069--014
****550.00 ****550.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCWINN, TINOOTHY A

~~3044 MARIANNA RD.~~
~~JACKSONVILLE FL 32217~~

7961 Normandy Blvd.
PMB #16
Jacksonville, FL 32221

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Timothy A. McWinn
REGISTERED AGENT MUST SIGN

Date Sept 15 / 2000

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:

Timothy A. McWinn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 15 / 2000
Date Daytime Phone #

CR2E040 (8/99)