

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 15 AM 11:13

DOCUMENT # P99000027521

1. Corporation Name

CORAL GABLES DEVELOPMENT GROUP, INC.

Principal Place of Business

Mailing Address

18405 NE 30TH AVE
AVENTURA FL 33160

18405 NE 30TH AVE
AVENTURA FL 33160



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

03/22/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0956204

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ROVER, RONALD	18405 NE 30TH AVE	AVENTURA FL 33160
VD	CACCIAMANI, CARLOS	18405 NE 30TH AVE	AVENTURA FL 33160
SD	CACCIAMANI, LUCIANO	18405 NE 30TH AVE	AVENTURA FL 33160
TD	POLANIA-VIDEA, FABIO	18405 NE 30TH AVE	AVENTURA FL 33160

000003488120-1
-12/05/00--01099--016
****750.00 ****750.00

11/11/30

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROVER, RONALD
18405 NE 30TH AVE
AVENTURA FL 33160

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-9-00

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

11-9-00

Date

Daytime Phone #