

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Ag 10/5/02

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 17 AM 11:33

DOCUMENT # P99000092095

1. Corporation Name

Corace Management Inc

300010196879
01/17/03--01075--005 **300.00

2. Principal Office Address

790 Harbour Dr #2C

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Zip

34103

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/99

5. FEI Number

59-3607802

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

Benjamin Corace

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

790 Harbour Dr #2C

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34103

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

[Signature]

Date 12/4/02

REGISTERED AGENT MUST SIGN

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
Pres	Benjamin Corace	8059 Vera Cruz Way	Naples FL 34109

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/4/02

Date

239-830-3883

Daytime Phone #

CR2E081 (9/01)

1/2/03

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Matthew John Soldavini, PA
791 Tenth Street South
Naples, FL 34102
239-262-7230

Matthew John Soldavini, PA

December 9, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

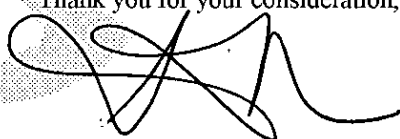
Re: ID #59-3607802
Corace Management, Inc.
Document # P99000092095

Dear Sir/Madam:

Enclosed please find the Corporation Reinstatement for the above listed client. We are asking that you reinstate this client without any penalties as he never received the Annual Uniform Business Report. Because the client, who is the registered agent, moved during the 2001 tax year, he never received any of the forms.

In light of the above circumstances, we are asking that you reinstate the client. Please review his records and bill him accordingly.

Thank you for your consideration,



Stacey L. Moody

Matthew John Soldavini, PA