PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 JUL 12 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M23463

1. Corporation Name

CORAL PARADISE, INC.

Principal Place of Business	Mailing Address
1616 W.CAPE CORAL PARK WAY No. 114 CAPE CORAL,FLORIDA 33914	CALZ. INDEPENDENCIA SUR No. 770 GUADALAJARA.JAL MEXICO C.P. 44100

900002946609--2
-07/30/99--01116--012
***1050.00 ***1050.00

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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: NOVEMBER 15, 1985

5. FEI Number: 592841144 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D-P	MR. VICTOR SAHAGUN DIAZ	CALZ. INDEPENDENCIA SUR N°. 770	GUADALAJARA,JAL 44100 MEXIC
V_D	MISS. ROBERTHA MANZO LOPEZ	COMERCIO No. 137	GUADALAJARA?JAL MEXICO 44100
M	MR. JOSE GPE. RODRIGUEZ ANGUIANO	JOSE VASCONCELOS No. 447	GUADALAJARA,JAL MEXICO 44100

REINSTATEMENT 97-99 LTS

8. Name and Address of Current Registered Agent

CHRIS PORTER
1616 W.CAPE CORAL
PARKWAY No. 114
CAPE CORAL FLORIDA 33914

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

CR2E081 (12/98)

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: Chris Porter — Date: 7/9/99

REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #