PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
Aug 17, 2001 8:
Secretary of Sta

DOCUMENT # M23463

1. Corporation Name

CORAL PARADISE INC.

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-08/21/01--01068--029
****900.00 ****900.00

2. Principal Office Address	3. Mailing Office Address
CALZ. INDEPENDENCIA SUR	770 D (THE SAME)
Suite, Apt. #, etc. C.P. 44100 COL, CENTRO	Suite, Apt. #, etc. 44100 COL, CENTRO
City & State GUADALAJARA, JALISCO	City & State GUADALAJARA, JALISCO
Zip / Country	Zip / Country MEXICO

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number 59-2841144 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MISS CHRIS PORTER

Street Address (P.O. Box Number is Not Acceptable): 1616 N. CAPE CORAL PARKWAY No. 114

Suite, Apt. #, Etc.: ==========

City: CAPE CORAL, FLORIDA 33907 State: FL Zip Code: 33914

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 _____ Date JULY 30 2001

REGISTERED AGENT MUST SIGN

CR2E061 (8/00)

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
PRESIDENT	MR. VICTOR SAHAGUN DIAZ	CALZ. INDEPENDENCIA	SUR 770D GUAD, JAL .MEX
MANAGER	MR. VICTOR SAHAGUN CARDENAS	" "	" " "
MANAGER II	MISS. ANA SAHAGUN	CARDENAS " "	" " " " "

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: _____ JULY 30/2001