# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M23463

1. Entity Name
CORAL PARADISE, INC.

FILED
05 APR 22 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| GUADALAJARA JAL<br>GUADLAJARA JAL, NM 44100 | GUADALAJARA JAL<br>GUADLAJARA JAL, NM 44100 |

CALZADA INDEPENDENCIA

04202005 REIN-P CR2E098 (6/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| SUR No 770 ALTOS | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| GUADALAJARA | |
| City & State | City & State |
| JALISCO | |
| Zip / Country | Zip / Country |
| 44100 MEXICO | |

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| ~~PORTER, CHRIS~~<br>~~1616 W. CAPE CORAL~~<br>~~PARK WAY NO. 114~~<br>~~CAPE CORAL, FL 33914~~ | Name HECTOR SAITTA<br>Street Address (P.O. Box Number is Not Acceptable) 11978 KING JAMES CT<br>CAPE CORAL FL. 33991<br>City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE HECTOR SAITTA 09/20/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $900.00**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SAHAGUN-DIAZ, VICTOR MR<br>CALIZ INDEPENDENCIA SUR N. 770<br>GUADALAJARA, JAL MEXICO, 44100 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>CARDENAS SAHAGUN, VICTOR<br>CALIZ INDEPENDENCIA SUR N.770<br>GUADALAJARA, JAL MEXICO, 44100 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>800054225738<br>05/10/05--01082--022 **908.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>CARDENAS SHAGUN, ANA MISS<br>CALIZ INDEPENDENCIA SUR N.770<br>GUADALAJARA, JAL MEXICO, 44100 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

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