

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 NOV -3 AM 11:10

DOCUMENT # P03000029746  
1. Corporation Name  
~~Coral Home & Land Development, Inc.~~  
Coral Home & Land Development, Inc

400161981414  
10/21/09--01028--010 \*\*\$600.00

2. Principal Office Address - No P.O. Box # 66 6th Ave Suite, Apt. #, etc. Long Branch City & State New-Jersey Zip 07740 Country Newmuth		3. Mailing Office Address 66 6th Ave Suite, Apt. #, etc. Long Branch, NJ City & State Long Branch, NJ Zip 07740 Country Newmuth	
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REINSTATEMENT 06-09 <sup>KS</sup>

4. Date Incorporated or Qualified To Do Business in Florida March 13, 2003

5. FEI Number 20-0002691 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  
Fernando F. Pinho

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

Suite, Apt. #, Etc.

City  
Kissimmee

State  
FL

Zip Code  
34759

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Fernando F. Pinho Date 10/15/09

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
D	Fernando F. Pinho	66 6th Ave <del>66 6th Ave</del>	Long Branch, NJ 07746

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 contained in Chapter 119, 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: Fernando F. Pinho Date 10/15/09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CH # 50308919-8