

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99900022457

1. Corporation Name

CORAF, INC

2. Principal Office Address

1000 Quayside Terr

Suite, Apt. #, etc.

1205

City & State

Miami, FL

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FL 33138

Zip

Country

700023662877
10/09/03-01023-007 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/1999

5. FEI Number

65-0934584

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

50.75 Additional Fee
for a Certificate

7. Name and Address of Current Registered Agent

Name

Simon Glottmann

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

1000 Quayside Terr.

Suite, Apt. #, Etc.

1205

City

Miami

State

FL

Zip Code

33138

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]

REGISTERED AGENT MUST SIGN

Date 9/25/03

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/President	Simon Glottmann	1000 Quayside Terr #1205	Miami, FL 33138
Vice Pres -	EVA Glottmann	1000 Quayside Terr	" " "
Secretary -	"	" " "	" " "

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 I were under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/2/03

9/25/03

Date

305-305-1929

305-305-1929

Daytime Phone #

91 10/3