

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **23107**

1. Corporation Name *Coral Way Plumbing Corporation*

Principal Place of Business *4438 S.W. 74 Ave. Miami Florida, 33155*  
Mailing Address

**SAME**

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7-1-77	
City & State		City & State		5. FEI Number	
Zip		Zip		59-1718392	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

**FILED**

97 OCT 13 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Luis F. Velazquez	2899 Collins Ave.	Miami Beach, Florida, 33140
			500002321035--8 -10/15/97--01076--014 ****165.00 ****165.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Luis F. Velazquez 4438 S.W. 74 Ave, Miami Florida. 33155		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b>

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 \_\_\_\_\_ REGISTERED AGENT MUST SIGN Date \_\_\_\_\_

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: *Luis F. Velazquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: *10/8/97* Daytime Phone #: *3052631811*

CR2E040 (12/95)

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**Coral Way Plumbing Corp.**

LICENSED PLUMBER\* CONTRACTOR AND REPAIRS

4438 S.W. 47th AVENUE\*MIAMI,FLORIDA 33155

PHONES: 263-1811 FAX: 263-1812

October 8,1997

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee,Fl 32314

Reference:Missing annual report  
Corporation#: 523107

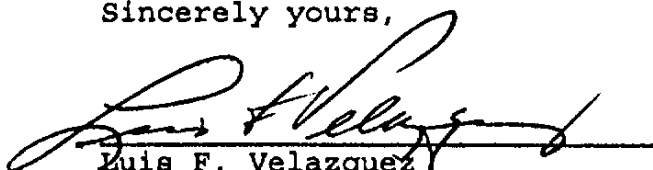
Gentlemen:

Enclosed is the application for reinstatement along with a check for the original fee of \$165.00.

We would like to state that the original application usually mailed early in the year was never received at our old address (2250 SW 17 Avenue, Miami, Fl 33145). Consequently we moved to our new address: 4438 S.W. 47 Avenue, Miami, Fl 33155. We did not realize that we had not receive the annual renewal form and just realize that we were delinquent and now it will cost us \$750.00 . We are a small business and paying this fee which is more than four times the original amount would be a heavy burden.

If you need more information please call me at (305)263-1811.

Sincerely yours,

  
Luis F. Velazquez  
President