

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

DOCUMENT # **686714**

00 OCT 24 PM 3:20

1. Corporation Name
CORAL CASTLE, INC.

Principal Place of Business 28655 SOUTH FEDERAL HIGHWAY HOMESTEAD FL 33033-1214	Mailing Address 28655 SOUTH FEDERAL HIGHWAY HOMESTEAD FL 33033-1214
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REINSTATEMENT 00

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.		09/05/1980	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2060000	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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	4 City / State / Zip
P	BARR, IRVING	180 EAST PEARSON	CHICAGO IL
ST	BARR, LYNN	180 EAST PEARSON	CHICAGO IL
			800003455738--1 -11/07/00--01101--004 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PARRISH, BRUCE W., JR.
 105 S NARCISSUS AVE
 CITIZENS BLDG, SUITE 701
 W PALM BEACH FL 33401

Name
~~Fred Blumfeld~~
 Street Address (P.O. Box Number is Not Acceptable)
 9601 COLLINS AVE
 Suite, Apt. #, Etc.
 APT 306 c/o BARR
 City
 BOL HARBOR
 State
 FL
 Zip Code
 33154

*0. 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 [Signature] **SIGNATURE REQUIRED** Date 10/18/00
 REGISTERED AGENT MUST SIGN

11. 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: [Signature] **SIGNATURE REQUIRED** Date 10/18/00 847 967 0770
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E040 (8/00)