


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **K65083**
 1. Corporation Name
CORAL OAKS CORPORATION

Principal Place of Business	Mailing Address
10530 S.W. 57TH AVE. MIAMI FL 33156	10530 S.W. 57TH AVE. MIAMI FL 33156

FILED
 01 OCT 22 AM 11:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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.	02/06/1989
City & State	City & State	5. FEI Number
Zip	Country	65-0099525
		Applied For
		Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input 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	OWENS, BOB	5795 SW 99 TERRACE	200004569292--5 SOUTH MIAMI FL 33156 ****150.00 ****150.00
C	RAFF, ALAN	11096 MONFERD STREET	CORAL GABLES FL
S	MALININ, DOROTHY	360 ATLANTIC ROAD	KEY BISCAYNE FL 33149
T	TAYLOR, STEPHEN D	1172 S. DIXIE HWY, #441	CORAL GABLES FL 33146

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
RAFF, ALAN B 11096 MONFERO STREET CORAL GABLES FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL

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 *Alan B Raff* Date 10-18-01
 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: *Alan B Raff* ALAN RAFF 10-18-01 305 661-0092
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)



Paye w/r

October 18, 2001

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Document # K65083, Coral Oaks Corporation

Gentlemen:

We failed to receive from you renewal notice for the subject form. Instead, we just received Notice of Administrative Dissolution.

Inasmuch as the renewal form was not sent to us, we are enclosing completed application for reinstatement as well as our check in the amount of \$150.

Thank you for your help in resolving this matter.

Yours truly,

A handwritten signature in cursive script, appearing to read "Alan B. Raff".

Alan B. Raff
Chairman