

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 OCT -2 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten initials*



**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L30612**

1. Corporation Name **Emerald Coral + Reptile  
INC**

600008182316--7  
-10/03/02--01021--009  
\*\*\*\*923.75 \*\*\*\*923.75

**20054 NE 15<sup>th</sup> CT**

2. Principal Office Address  
**20054  
NE 15<sup>th</sup> CT  
MIAMI FLA 33179**

3. Mailing Office Address  
**P.O. Box  
2775 Hallandale  
FLA 33008**

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

**Miami Fla**

**Hallandale Fla**

Zip County

Zip County

**33179 Dade**

**33008 Broward**

4. Date Incorporated or Qualified  
To Do Business in Florida **11/15/89**

5. FEI Number **650169749**  
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 **John Shawahan**

Street Address (P.O. Box Number is Not Acceptable)  
**19800 NE 12<sup>th</sup> Ave**

Suite, Apt. #, Etc

City **Miami**

State  
**FL**

Zip Code  
**33179**

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]*

Date **9/30/01**

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
Pres	John Shawahan	19800 NE 12 <sup>th</sup> Ave	Miami Fla 33179
Vice Pres	Rawilda Shawahan	19800 NE 12 <sup>th</sup> Ave	Miami Fla 33179

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 made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/20/02**

305  
654  
7846  
Daytime Phone #

CR25081 (9/01)