

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

99 SEP 14 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 40725

1. Corporation Name

CORAL CONTRACTING CORP

Principal Place of Business

Mailing Address

1472 SE 12 AVE
DEERFIELD BCH, FL 33441

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DEERFIELD BCH, FL 33441



REINSTATEMENT 93-990

If any of the above are incorrect in any way, line through incorrect information and enter correction below.

2. Former Principal Office Address, If Applicable

#502
2455 E. SUNRISE BLVD
FORT LAUD, FL 33304
USA

3. New Mailing Office Address, If Applicable

2455 E. SUNRISE BLVD
#502
FORT LAUD, FL 33304
USA

4. Date Incorporated or Qualified To Do Business in Florida

01/05/90

5. FEI Number

65-0169110

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Address 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
D/P	STEPHEN D. SANDERSON	2455 E. SUNRISE BLVD. #502	FT LAUDERDALE FL 33304

100002994281--9
-09/22/99--01098--014
***1650.00 ***1650.00

8. Name and Address of Current Registered Agent

WILLIAM D BEAMAN
820 NE 19 TERRACE
FORT LAUD, FL 33304

9. Name and Address of New Registered Agent

Name: GERALD S. SCHNITZER
Street Address (P.O. Box Number is Not Acceptable): 2455 E. SUNRISE BLVD
Suite, Apt. #, Etc.: STE 502
City: FORT LAUD State: FL Zip Code: 33304

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: Gerald Schnitzer
REGISTERED AGENT MUST SIGN

Date: 9/10/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒ N/A

(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:

Stephen D. Sanderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/99
Date

KE
Daytime Phone #

CP2ED40 (9/98)