

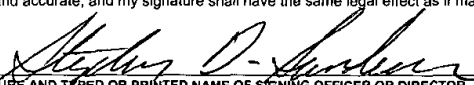


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 DEC 17 PM 1:18																													
DOCUMENT # L40725																																	
1. Corporation Name Coral Contracting Corp.																																	
2. Principal Office Address 1472 SE 12 Ave Suite, Apt. #, etc. City & State Deerfield Bch FL Zip 33441 Country USA		3. Mailing Office Address 1472 SE 12 Ave Suite, Apt. #, etc. City & State Deerfield Bch FL Zip 33441 Country USA		900004743269--6 -12/28/01--01082--017 ****900.00 ****900.00																													
REINSTATEMENT 00-0				4. Date Incorporated or Qualified To Do Business in Florida 01/05/1990																													
5. FEI Number 65-0169110				Applied For Not Applicable																													
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status																													
7. Name and Address of Current Registered Agent																																	
Name Stephen D Sanderson																																	
Street Address (P.O. Box Number is Not Acceptable) 1472 SE 12 Ave																																	
Suite, Apt. #, Etc.																																	
City Deerfield Beach				State FL Zip Code 33441																													
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 				Date 12/13/01																													
REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>D/P</td><td>Stephen D Sanderson</td><td>1472 SE 12 Ave</td><td>Deerfield Bch. FL 33441</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D/P	Stephen D Sanderson	1472 SE 12 Ave	Deerfield Bch. FL 33441																				
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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: 				Date 12/13/01 Daytime Phone #																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																	

CR2E081 (9/00)