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
97 DEC 22 PM 12:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M39687**

1. Corporation Name
CORAL DYESTUFFS & CHEMICALS CORP.

REINSTATEMENT 97 ad

Principal Place of Business	Mailing Address
6910 NW 50TH ST MIAMI FL 33166	6910 NW 50TH ST MIAMI FL 33166

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business In Florida: 10/08/1986

5. FEI Number: 59-2724313 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	RAMIREZ, CARLOS JULIO	CALLE 12A #4470	BOGOTA, COLOMBIA
VP	RAMIREZ,CARLOS JULIO, JR	6910 NW 50TH ST	MIAMI FL

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****758.75 ****758.75

8. Name and Address of Current Registered Agent

GORRIZ, DOMINGO
3501 S.W. 8 th Street
Suite 211
Miami Florida 33135

9. Name and Address of New Registered Agent

Name: Domingo Gorriz
Street Address (P.O. Box Number is Not Acceptable): 3501 SW 8 ST Suite 211
Suite, Apt. #, Etc.
City: Miami | State: FL | Zip Code: 33135

CR2E040 (8/97)

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: Domingo Gorriz
REGISTERED AGENT MUST SIGN
Date: 12/18/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No [ ]
(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
5 Dec /97
Date
571-2688312/2688468
Daytime Phone #