PLEASE READ	ALL INSTRUCTION	S BEFORE C	OMPLETING	THIS FORM.		
APPLICATION FLORIDA DEPARTMENT OF STATE Sandra B. Mortham					•	
REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # M 39687			98 DEC 11 AM 11:13			
1. Corporation Name			SECRETARY OF STATE			
CORAL DYESTUFFS & CHEMICALS CORP.			į.	ALLAHASSEE. FLÖRID.	4	
Principal Place of Business Mailing Address 6910 N.W. 50th St. 6910 N.W. 50th St					90	
Miami, Florida 33166 Miami, Fl 33166			REINS	TATEMENT_		
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			Date Incorporate	ed or Qualified		
3501 S.W. 8 Street Suite, Apt. #, etc.	1 S.W. 8 Street 3501 S.W. 8 Str		To Do Business in Florida 10/8/1986			
211 City & State	2 1 1 City & State			5. FEI Number Applied For 59-2724313 Not Applicable		
Miami, Fl Zip Country 33135 USA	Miami, Fl	untry USA	6. CERTIFICATE OF STATUS DESIRED S8.75 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)						
Title(s) and/or Directors Off		Street Address of Each Officer and/or Director Use Post Office Box N		City / State / Zip		
P Ramirez, Carlos Julio Calle 12 A # 4470 Bogota, Colombia						
UP Ramirez, Carlos Julio Jr-Calle 12 A # 4470 Bogota Colombia						
				0002716887	r4	
				****758.75 ****	758.75	
8. Name and Address of Current Registered Agent Name			9. Name and Address of New Registered Agent			
Domingo Gorriz		Street Address (P	O. Box Number is No	t Acceptable)	CR2E040 (1/98)	
3501 S.W. 8th Street # Miami, Florida 33135	Suite, Apt. #, Etc.	Suite, Apt. #, Etc.				
City State Zip Code						
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 Date 12 - 27 REGISTERED AGENT MUST SIGN						
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 filling 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: X SIGNATURE AND TREDOMPRING OFFICER OR DIRECTOR Date Dayline Phone #						