

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

10/2

DOCUMENT # **M89697**

1. Corporation Name

CORAL EXPORTS, INC.

98 NOV 19 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
100 MIDDLE RD
RIVIERA BCH FL 33404
US

Mailing Address
P.O. BOX 6742
LAKE WORTH FL 33466-6742



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 | | 4. Date Incorporated or Qualified To Do Business in Florida 07/08/1988 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. FEI Number 65-0086588 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
|------------|-------------------------------------|---|----------------------|
| D | DE NEZZA, PHILIP J. | 8450 BONITA ISLE DR. | LAKE WORTH FL |
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|---|--|--|--|
| 8. Name and Address of Current Registered Agent DE NEZZA, PHILLIP J. 8450 BONITA ISLE DRIVE LAKE WORTH FL 33467 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL 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 **SIGNATURE REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ 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: **Philip J. DeNezza** **PHILIP J. DE NEZZA** 11-18-98 561-433-9213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/95)



WPC

West Palm Beach: 407-433-9213
Fax : 407-433-1346

P. O. Box 6742 • Lake Worth, Florida 33466

November-18-1998

DIVISION of CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL. 32314-6327

GENTLEMEN:

In view of the fact I did not receive a renewal of Division of Corporation for Coral Exports, Inc. I called one of your representatives and was advised to pay \$150.00, which I have inclosed.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Philip DeNizza', written over a horizontal line.
Philip DeNizza