

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 MAR -2 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900092345939
03/13/07--01007--026 **1050.00

DOCUMENT # **P000000067347**

1. Corporation Name

CORAL CAP. INC.

NOT-5783

REINSTATEMENT

CR2E081 (12/05)

01-07

2. Principal Office Address

643 Addison DR. N.E.

Suite, Apt. #, etc.

3. Mailing Office Address

643 Addison DR. N.E.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip Country

33716 USA

City & State

St. Petersburg, FL

Zip Country

33716 USA

4. Date Incorporated or Qualified

To Do Business in Florida

7-11-2000

5. FEI Number

65-1025384

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Heather Dille

Street Address (P.O. Box Number is Not Acceptable)

643 Addison Dr. NE

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33716

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

X *[Signature]*

Date **1-18-2007**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Heather Dille - D	643 Addison Dr. NE.	St. Petersburg, FL, 33716

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-2007

Date

727-576-5670

Daytime Phone #

K. Eckel MAR 05 2007

2/2

February 26, 2007

In reply to: Ref # P00000067347

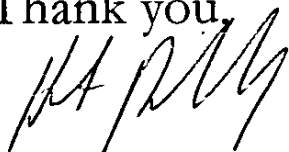
Kristen Eckel
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Kristen-Eckel,

SUBJECT: CORAL CAP. INC.

This letter is to inform you that Coral Cap. Inc. did not receive any notices. I would appreciate it, if you could waive the reinstatement fee. Enclosed is the payment and proper documents as you requested. I hope this is satisfactory and we can proceed as I would like that very much.

Thank you,



Heather Dilley
Coral Cap. Inc.