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

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

DOCUMENT # P00000067347

1. Corporation Name

CORAL CAP. INC.

N07-5783

REINSTATEMENT 01-07
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
643 Addison Dr. N.E.	643 Addison Dr. N.E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Petersburg, FL	City & State: St. Petersburg, FL
Zip: 33716 Country: USA	Zip: 33716 Country: 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 Dilley

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 _____ 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 Dilley - 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 _____ 1-18-2007 727-576-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — 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.

643 ADDISON DR NE
ST. PETERSBURG, FL 33716