

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

03 AUG 18 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P010000033480

1. Corporation Name

Coral Maintenance, Corp.

Handwritten initials

800022666278
08/29/03--01062--014 **150.00

2. Principal Office Address

291 NW 56 Ct.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33126

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04-03-2001

5. FEI Number

65-1092058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Juan Luis Torres

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

291 NW 56 Court

Suite, Apt. #, Etc.

N/A

City

Miami, Florida

State

FL

Zip Code

33126

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

Handwritten signature

REGISTERED AGENT MUST SIGN

Date 08-11-03

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
PSD	Juan Luis Torres	291 NW 56 Ct.	Miami, FL 33126

800022666278
08/29/03--01062--015 **150.00

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-11-03

Date

Daytime Phone #

786-234-9725

202

Juan Luis Torres
CORAL MAINTENANCE CORP.
291 NW 56 Court
Miami, FL 33126
(305)2675861

August 12, 2003

Florida Department of State
Division of Corporations

Re: **Coral Maintenance Corp.**
Document # P01000033480

To Whom It May Concern,

As per my telephone conversation with your office, with this letter I am asking that the penalty please be waived for the corporation. We did not receive notification in the mail, so thank you in advance for your time and consideration.

Sincerely,

A handwritten signature in black ink, consisting of several vertical strokes and a large loop at the end, identifying Juan Luis Torres.

Juan Luis Torres
President