

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000057335

1. Limited Liability Company's Name

CORAL WEST INVESTMENT CORP.

2. Principal Office Address - No P.O. Box #

2875 NE 191 ST

Suite, Apt. #, etc.

801

City & State

AVENTURA, FLORIDA

Zip

33180

Country

U.S.A

3. Mailing Office Address

2875 NE 191 ST

Suite, Apt. #, etc.

801

City & State

AVENTURA, FLORIDA

Zip

33180

Country

U.S.A

8. Name and Address of Current Registered Agent

Name

SERBER, DANIEL ESQ

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

2875 NE 191 ST

Suite, Apt. #, Etc.

801

City

AVENTURA

State

FL

Zip Code

33180

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/2/10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	WEINSTEIN RICARDO	2875 NE 191 ST #801	AVENTURA, FL 33180
NBR	BRAVER JOSE	2875 NE 191 ST #801	AVENTURA, FL 33180
D	DJMAL RICARDO	2875 NE 191 ST #801	AVENTURA, FL 33180

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

4.7.10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

RICARDO DJMAL

FILED

10 APR 14 AM 9:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100175820641
04/14/10--01046--003 **\$16.25

REINSTATEMENT 08-1D

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

06/08/2001

6. FEI Number

P01000057335

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.