

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000038100

1. Corporation Name

CORALDAN, INC.

Principal Place of Business

Mailing Address

97 TENNESSEE AVE
MERRITT ISLAND FL 32953

97 TENNESSEE AVE
MERRITT ISLAND FL 32953

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3804 N. US HWY 1

Suite, Apt. #, etc.

City & State

COCOA FL

Zip

32926

Country

USA

3. New Mailing Office Address, If Applicable

P.O. Box 237915

Suite, Apt. #, etc.

City & State

COCOA, FL

Zip

32923-7915

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/08/2002

5. FEI Number

54-2064805

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	DESHOTEL, DAN	97 TENNESSEE AVE	MERRITT ISLAND FL 32953

100023911661
10/17/03--01080--002 **750.00

8. Name and Address of Current Registered Agent

DESHOTEL, DAN
97 TENNESSEE AVE
MERRITT ISLAND FL 32953

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. or 617.0505, F.S.

Signature of
Registered Agent

Dan Deshotel

REGISTERED AGENT MUST SIGN

Date 15 OCT 03

11. 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:

Dan Deshotel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PH #
320 863-3671