PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 29 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085495

1. Corporation Name

CORAL MOTORS INTERNATIONAL, INC.

REINSTATEMENT 03-04

900034392229
04/28/04--01026--017 **900.00

2. Principal Office Address	3. Mailing Office Address
717 Ponce de Leon Blvd.	same
Suite, Apt. #, etc.: Suite 234	Suite, Apt. #, etc.:
City & State: Coral Gables, FL	City & State:
Zip: 33134 Country: Miami-Dade	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida:

5. FEI Number: [X] 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: Fabre, Frank R. S.

Street Address (P.O. Box Number is Not Acceptable): 717 Ponce de Leon Boulevard

Suite, Apt. #, Etc.: #234

City: Coral Gables, State: FL Zip Code: 33134

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 _____ Date 4/20/04

REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
PD	AREVALO, JORGE	717 Ponce de Leon Blvd.,#234	Coral Gables, FL 33134
VPD	CASAS, LUIS	717 Ponce de Leon Blvd.,#234	Coral Gables, FL 33134
VPD	YAEGER, GUSTAVO	717 Ponce de Leon Blvd.,#234	Coral Gables, FL 33134
EVPD	FABRE, MICHAEL C.	717 Ponce de Leon Blvd.,#234	Coral Gables, FL 33134
SD	FABRE, FRANK R. S.	717 Ponce de Leon Blvd.,#234	Coral Gables, FL 33134

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: Frank R.S. Fabre 4/20/04 305 446-3266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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