

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**


10 MAY 14 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400180913024  
05/14/10--01036--014 \*\*900.00

CR2E081 (11/09)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000033244

1. Corporation Name  
Coral Island Construction

W10-17681

2. Principal Office Address - No P.O. Box #  
1650 Mayo St  
Suite, Apt. #, etc.

3. Mailing Office Address  
1650 Mayo St  
Suite, Apt. #, etc.

City & State  
Hollywood Fl 330

City & State  
Hollywood Fl

Zip Country  
33020 BROWARD

Zip Country  
33020 BROWARD

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
650382145  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  
J. Keith Alton

Street Address (P.O. Box Number is Not Acceptable)  
1650 Mayo St

Suite, Apt. #, Etc.

City  
Hollywood

State  
FL

Zip Code  
33020

The 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 reinstatement fee be waived.

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  
J. Keith Alton

REGISTERED AGENT MUST SIGN

Date  
5/10/10

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
President	J. Keith Alton	1650 Mayo St.	Hollywood Fl 33020

**REINSTATEMENT RH**

10. E-mail Address: coralislndketh@hotma.il.com  
(To be used for future annual report notification)

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. I further certify, 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: J. Keith Alton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
5/10/10

Daytime Phone #  
954 397 3633