

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P24882**

1. Corporation Name

**CORO INVESTMENT CO., N.V.**

Principal Place of Business

**DE RUYTERKADE 62  
CURACAO, NETHERLANDS ANTILLES**

Mailing Address

**DE RUYTERKADE 62  
CURACAO, NETHERLANDS ANTILLES**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	SUGAR, ERNESTO	APT.61373, CARACAS 1080A	CARACAS, VENEZUELA
D	SUGAR, EVELYN	APT.61373, CARACAS 1080A	CARACAS, VENEZUELA
D	SUGAR, JENNY ELIZABETH	APT.61373, CARACAS 1080A	CARACAS, VENEZUELA
D	SUGAR, VIVIAN EMMA	APT.61373, CARACAS 1080A	CARACAS, VENEZUELA
D	RINK, ARNOLD ERNEST	APT.61373, CARACAS 1080A	CARACAS, VENEZUELA
D	CURACAO CORP, CO. N.V.	DE RUYTERKADE 62	CURACAO, N. ANTILLES

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**DANCE, ESTHER B.  
%SELECT PROPERTIES OF BOCA RATON, INC  
155 E. PALMETTO PARK RD.  
BOCA RATON FL 33432**

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.

Signature of  
Registered Agent

*Esther B. Dance*

**REQUIRED**

REGISTERED AGENT MUST SIGN

Date **11-17-99**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Ernesto Sugar*  
**ERNESTO SUGAR**

Date

**11-17-99**

Daytime Phone #

**561-750-7475**

FILED

99 NOV 19 AM 9:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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\*\*\*\*\*750.00 \*\*\*\*\*750.00



**REINSTATEMENT 99**

1. Date Incorporated or Qualified To Do Business in Florida

**06/20/1989**

5. FEI Number

**99-0061999**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required for a Certificate of Status

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**KE**