

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 NOV 19 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-12/07/99--01099--014
*****750.00 *****750.00



REINSTATEMENT 99

DOCUMENT # P24882

1. Corporation Name

CORO INVESTMENT CO., N.V.

Principal Place of Business

Mailing Address

DE RUYTERKADE 62
CURACAO, NETHERLANDS ANTILLE

DE RUYTERKADE 62
CURACAO, NETHERLANDS ANTILLE

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

4. Date Incorporated or Qualified To Do Business in Florida

06/20/1989

5. FEI Number

98-0061999

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)

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

11-17-99

Date

KE
561-750-7475

Daytime Phone #

CR2250-0 (8/99)