

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 OCT 24 PM 5:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030184

1. Corporation Name

CORAL CONSTRUCTION OF SOUTH FLORIDA, INC.

2. Principal Office Address

327 Avenue A

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

Zip

32951

Country

US

3. Mailing Office Address

327 Avenue A

Suite, Apt. #, etc.

City & State

Melbourne Beach, FL

Zip

32951

Country

US

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

04/26/1993

5. FEI Number

65-0402363

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

2001

7. Name and Address of Current Registered Agent

Name

James J. Irby

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

327 Avenue A

Suite, Apt. #, Etc.

City

Melbourne Beach

State

FL

Zip Code

32951

600004679116-0
-11/14/01--01079-003
****750.00 ****750.00

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

REGISTERED AGENT MUST SIGN

Date 10/19/01

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
DPT	James J. Irby	327 Avenue A	Melbourne Beach, FL 32951
DVPS	Vicki L. Irby	327 Avenue A	Melbourne Beach, FL 32951
			LS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James J. Irby

Date

10/19/01

Daytime Phone #

321-773-3680

CR2E081 (\$9.00)