

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 NOV -8 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000000180**

1. Corporation Name

CORAL REEF CONTRACTING, INC.

Principal Place of Business

Mailing Address

~~10091 EMERALD WAY
 DUNNELLON FL 34431~~

~~10091 EMERALD WAY
 DUNNELLON FL 34431~~



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

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1993

Suite, Apt. #, etc.

7300 SW 204 AVE

Suite, Apt. #, etc.

7300 SW 204 AVE

5. FEI Number

59-3214870

Applied For

Not Applicable

City & State

DUNNELLON, FL.

City & State

DUNNELLON, FL.

Zip

34431

Country

USA

Zip

34431

Country

USA

6. CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTS	FOWLER, JOHN H	40001 EMERALD WAY 7300 SW 204 AVE	DUNNELLON FL 34431
			400002005394--4 -11/15/96-01009-017 ***375.00 ***375.00

REINSTATEMENT *also filed 11/14/96*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOWLER, JOHN H
~~10091 EMERALD WAY~~
 DUNNELLON FL 34431

Name

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

7300 SW 204 AVE

Suite, Apt. #, Etc.

City

State

FL

Zip Code

34431

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

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 11-1-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. 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)(f), 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]
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-96

Date

352-465-0879

Daytime Phone #

CREC040 (7/95)