

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

03 MAY 27 AM 10:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000000180**

1. Corporation Name

**CORAL REEF CONTRACTING, INC.**

Principal Place of Business

Mailing Address

7300 S.W. 204TH AVENUE  
DUNNELLON FL 34431

7300 S.W. 204TH AVENUE  
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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1993	
City & State		City & State		5. FEI Number	
Zip		Country		59-3214670	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



**REINSTATEMENT** 07-03

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
PTS	FOWLER, JOHN H	7300 S.W. 204TH AVE	DUNNELLON FL 34431

300019873013  
05/27/03--01042--015 \*\*600.00  
300019873013  
05/27/03--01042--015 \*\*600.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FOWLER, JOHN H 7300 S.W. 204TH AVE. DUNNELLON FL 34431	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State <b>FL</b>
		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 *[Signature]* **SIGNATURE REQUIRED** Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

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]* **SIGNATURE REQUIRED** *John H. Fowler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # **352-465-0879**

CR2E040 (8/00)