

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 27 AM 11:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000035887

1. Corporation Name
CORAL EQUIPMENT INC.

Principal Place of Business Mailing Address
13011 S.W. 52 STREET SAME
MIAMI, FL. 33175

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/08/95	
City & State		City & State		5. FEI Number	
Zip		Country		65-0580314	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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
PRES.	MIRELLA MARTINEZ	13011 S.W. 52 STREET	MIAMI, FL. 33125

700002042287--2
-12/31/96-01061-023
***\$375.00 ***\$375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRELLA MARTINEZ
13011 S.W. 52 STREET
MIAMI, FL. 33125

Name
MIRELLA MARTINEZ
Street Address (P.O. Box Number is Not Acceptable)
13011 S.W. 52 STREET
Suite, Apt. #, Etc.
City MIAMI, State FL Zip Code 33125

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]

REGISTERED AGENT MUST SIGN

Date 12-16-96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]

MIRELLA MARTINEZ 12/16/96 305-225-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2040 (12/95)