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LAZARUS CORPOR (Requestor's N	ATE INDUSTRIES, INC.	THELEN	70 2: 17 8: - (2: 17 5: - (1(5:12))
890 S.W. 87 AV	ENUE, SUITE: 16		The State of
MIAMI, FLORIDA (City, State, Z	33174 (305)552-5973 (Phone #)	OFFICE USE ONLY	·····
LOCAL REPRESENT	CATIVE TALLAHASSEE		
· <u>(904)385-6735</u>			
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CORPORATION NAI	ME(s) & DOCUMENT NUMBI	क्रक्रक (७. ।३ ER(S) (if known):) কক <i>ককক</i> (5), (3
1. CORAC	EQUIPMENT	TINC.	
2.	nou wither	(Document #)	14
	don Name)	(Document #)	_
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Mail out	Will wait Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., Officer/Di	irector	İ
Limited Liability	Change of Registered Agent		
Domestication	Dissolution/Withdrawal		
Other	Mercar		

OTHER FILINGS
Annual Report
Fictitious Name

Name Reservation

QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

NANCY HENDRICKS MAY - 8 1995

Examiner's Initials]



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 5, 1995

LAZARUS

TALLAHASSEE, FL

SUBJECT: CORAL EQUIPMENT INC.

Ref. Number: W95000009550

We have received your document for CORAL EQUIPMENT INC. and check(s) totaling \$78.75. However, your check(s) and document are being returned for the following:

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6903.

Nancy Hendricks Corporate Specialist

Letter Number: 795A00022093

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

AITTICLE I NAME

'The name of the corporation shall be: CORAL EQUIPMENT INC.

ARTICLE II PRINCIPAI OFFICE

The principal place of business and malling address of this corporation shall be:

1432 S W 11ST MIAMI FLORIDA 33125

ARTICLE IIL SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares \$ 1.00 Par value

AUTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MIRELLA MARTINEZ 1432 S W 11ST MIAMI FLORIDA 33125

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation Is(are):

MIRELLA MARTINEZ 1432 s w 11 st miami florida 33125

ARTICLE VI DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

MIRELLA MARTINEZ 1432 sw 11ST MIAMI FLORIDA 33125

The undersigned incorpor	retor(s) has(have) ex	kecuted thise Articles of In	eorporation this
4 da	y ofmay	, 19 <u>95</u> .	
	- Mirila	Signature	
		Signatu e	
		Signature	

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name	e and address	of the registere	d agent and office is	•	
	MIREL	LA MARTINEZ			ش ج
		(NVME)			
	1432 S	V 11ST			
	<u>(P.C</u>	D. BOX NOT AC	CEPTABLE)		· · · · · ·
	·		·		
	MIAMI FLO	ORIDA_331.25			٠٠٠٠
		(CITY/STATE	E/ZIP)		•

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHEF AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Mella Justines

DATE ______ 5/4/95

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Socretary of State REINSTATEMENT **DIVISION OF CORPORATIONS** 96 DEC 27 AN II: 56 DOCUMENT # P95000035887 SECRETARY OF STATE TALLAHASSEE FLORIDA 1. Corporation Name CORAL EQUIPMENT INC. Principal Place of Business Mailing Address 13011 S.W. 52 STREET SAME REINSTATEMENT MIAMI, FL. 33175 DO NOT WRITE N THIS SPACE
4. Date incorporated or Qualified
To Do Business in Florid? 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 Address, If Applicable 05/08/95 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number / pplied For City & State City & State Not Applicable 65-0580314 Country Country CERTIFICATE OF STATUS DESIRED 7. Names and St ool Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) and/or Directors 13011 S.W. 52 STREET MIAMI, FL. 33125 MIRELLA MARTINEZ PRES. 700002042287--2 -12/31/96--01061--023 ****375.00 ****375.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MIRELLA MARTINEZ
Street Address (P.O. Box Number is Not Acceptable) MIRELLA MARTINEZ 13011 S.W. 52 STREET 13011 S.W. 52 STREET MIAMI, FL. 33125 Suite, Apl. #, Etc. MIAMI, 10. It being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0563, F.S. Dale 12-16-96 Signature of Registered Agent REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. (See other side for information on intangible tax.) I do herety 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 \P 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 grid. The information indicated on this application is true and accurate, and my signature shall have the same legal affect as if made under each. MIRELLA MARTINEZ 12/16/96 305-225-1712

O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone &

Date

SIGNATURE: