

FOR REINSTATEMENT



Sandra B. Moriam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 JUL -9 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

98-98

DOCUMENT # P95000061999

Corporation Name

CORAL FORT, INC.

Principal Place of Business

27806 SW 127 Avenue
Miami, Florida 33032

Mailing Address

27806 SW 127 Avenue
Miami, Florida 33032

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

1. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

8/9/95

5. FEI Number

Applied for

☒ Applied For
☐ Not Applied

6. CERTIFICATE OF STATUS DESIRED ☒

SB 75 Additional Fee
For Certificate of Status

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
DPS	PETRO, John	27806 SW 127 Avenue	Miami, Florida 33032

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-07/14/98--01008--006
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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Nancy Rubin, Esq.
2345 SW 28 Street
Miami, Florida 33133

Name Esquire Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
782 NW Le Jeune Road
Suite, Apt. #, Etc.
548
City Miami
State / Zip Code
FL 33126

I, being appointed as 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

REGISTERED AGENT MUST SIGN

Date 7/7/98

1. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

(See other side for
additional information)

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.)

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 included 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

7/7/98

Date

(305) 245-5533

Telephone Number