DI EASE DEAD A	MI INICT	DUCTIONS	REFORE C	OMDI ET	ING THIS EU	MC	
APPLIA (91)	FLUHIU	A DEPARTMENT Sandra B. Mor Secretary of S	tham		APPROVE AND FILED	[)	
DOOUMENT # POSOOC		VISION OF CORPOR	RATIONS	!	97 NOV 19 PM	3:00	
DOCUMENT # P95000095938				SECRETARY OF STATE			
CORAL IMPORTS, INC. Principal Place of Business	Mailing Addro	97	9K		TALLAHASSÉE, FL	ORIDA	
615 FORUM PLACEGUITE 1B- 4615 FORUM		PLACE. SUITE 1B. BEACH FL-93401					
979 CUNT MOORE ROADS BILA BATON FL 33487 If above addresses are incorrect in any way, line thro	979 190 ugh incorrect in	CLINT MUD CA RATON formation and enter of	IN ROAD R 334F) correction below.	1 (44)(44)	19 9 19119 (9 1111) 24 111 98 111 (99 111 (9/10 44/04 91/16 101/06 1/1099 11/11 (09):	
2. New Principal Office Address, If Applicable 929 CLINT MOURE RD. Suite, Apt. #, etc.	ng Office Address, If CLINT M etc.	Applicable	Date Incorp To Do Busi	porated or Qualified iness in Florida	12/19/1995		
City & State			5. FEI Numbe	65-0608259	Applied For Not Applicable		
BOXA RATON / 71. Zip Country	1000 M	RATON Country	7.	6. CERTIFICAT	TE OF STATUS DESIRED	\$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o	or Director (Flor						
Title(s) Name of Officers and/or Directors	Off	eet Address of Each icer and/or Director se Post Office Box N		Cit	ty / State / Zip		
P SCHWARTZ, BARRY H		18880 JOL SON AVENUE: #3 - GVG CHWTMIORE- I		RD	BOGA RATON FL-C	18491 WFL 33 487	
8 KOSLOW, HOWARD B		1615 FORUM PL	ACE, #1B		WEST-PALM BEAC	H FL 83401	
•	929 CLINT MOORE RD. BOXA RATOR, A. 33469						
	100023530713 -11/20/9701076020 ****165.00 ****165.00						
					A Alan	,	
	(1)/9/97						
Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
KOSLOW, HOWARD B 1015 FORUM PLACE, #18 > Stre				BARRY H. SallwARTZ 1 Address (P.9. Box Number is Not Acceptable) 615 FORMAN PLACE SULTE 18.			
WEST PALM BEACH FL 33401	Suite, Ant. #, Elc. CLINT MOORE P.D.						
/			City BO	alm Pot	TON Yack	State Zip Code FL 3.3480	
10. I, being appointed the registered agent of the above pamed corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Date Date REGISTERED AGENT MUST SIGN							
11. This porporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 appurate, and my signature shall have the same legal effect as if made under eath.							
SIGNATURE: HOWARD B. KOSLOW 10/17/197 56/- 494-							