PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM, FLORIDA DEPARTMENT OF STATE **APPLICATION** Katherine Harris FILED FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 99 HAY 17 PH 1:09 P9600002104710 DOCUMENT# CORAL WAY ENTERPRISES ING Principal Place of Business Mailing Address 7798 CORAL WAY MIAMI, FL 33155.6552 REINSTATEMENT 98-99 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 Dale Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State Cily & State 66-0654369 Zio Country Country CERTIFICATE OF STATUS DESIRED 🛛 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Title(s) City / State / 7/p ELOY B. GONZALEZ 7798 SW. 24ST MIAMILEL 33150 500002892725--4 -06/02/99--01059--011 rrrrigg. 75 ******Cid. 75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent SANDRA LEZCANO Street Address (P.O. Box Number is Not Acceptable) 9765 S.W. 126 PERMCE MIAMIFU 33176 MIAMI 33155 10 I, being appointed the registered agent of he toove named exporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _ REGISTER D AGENT MUST SIGN 11. This corporation owes the current year (See other side for Information on intangible tax.) Yes No 🛛 Intangible Personal Property Tax due June 30. 12. Licertify 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 splication is true and accurate, and my signature shall have the same legal effect as if made under oath. = FLOY B GONZALEZ SIGNATURE: