

2004 **UNIFORM BUSINESS REPORT (UBR)** 1072

DOCUMENT # **P96000051455**
 1. Entity Name **W. MUELLER & DIPPON, INC.**

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 NOV 22 AM 8:00

Principal Place of Business Mailing Address

REINSTATEMENT 04

DO NOT WRITE IN THIS SPACE

MRS

2. Principal Place of Business **5155 NE 26th AVENUE**
 Suite, Apt. #, etc.
 City & State **FORT LAUDERDALE FL**
 Zip **33308** Country **USA**

3. Mailing Address **5155 NE 26th AVENUE**
 Suite, Apt. #, etc.
 City & State **FORT LAUDERDALE, FL**
 Zip **33308** Country **USA**

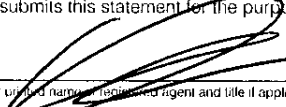
4. FEI Number **65-0678616**
 Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
DAVID E. BUCK
2900 EAST OAKLAND PARK BLVD
FORT LAUDERDALE FL 33306

7. Name and Address of New Registered Agent
 Name **DAVID E BUCK**
 Street Address (P.O. Box Number is Not Acceptable)
2900 EAST OAKLAND PARK BLVD.
 City **FORT LAUDERDALE FL** Zip Code **33306**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **REGISTERED AGENT** **11/17/2004**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

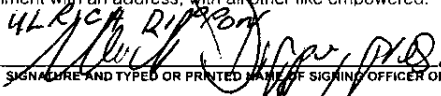
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/O ULRICH DIPPON <input type="checkbox"/> Delete 5155 NE 26th AVENUE FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O UDO MUELLER <input type="checkbox"/> Delete 5155 NE 26th AVENUE FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/O/T CAROLINE MUELLER <input type="checkbox"/> Delete 5155 NE 26th AVENUE FORT LAUDERDALE FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NOTE ADDRESS CHANGE <input type="checkbox"/> Change <input type="checkbox"/> Addition A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ULRICH DIPPON** **PRESIDENT** **11/17/2004** **954-491-0164**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

2072

W. MUELLER & DIPPON, INC
5155 NE 26th AVENUE
FORT LAUDERDALE, FL
33308

11/17/2004
DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
P O BOX 6327
TALLAHASSEE, FL 32314

Re: W MUELLER & DIPPON INC P 960000.51455

Dear Sir OR MADAM,

WE RECEIVED A NOTICE OF INTENT TO
DISSOLVE FOR NONRECEIPT OF OUR ANNUAL
REPORT. WE HAVE NO RECORD OF RECEIVING
AN ANNUAL REPORT FORM FOR 2004 FROM
YOUR OFFICE. THEREFORE WE ARE ENCLASING
A CHECK FOR \$150 AND AN ANNUAL REPORT FORM
PROVIDED BY OUR ACCOUNTANT SO WE CAN BE
COMPLIANT. PLEASE ACCEPT THIS PAYMENT AS PAYMENT
IN FULL SINCE WE DID NOT GET AN ANNUAL REPORT FORM.

VERY TRULY YOURS

W. DIPPON, PRES.

W. DIPPON, PRESIDENT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 22 AM 8:00

DOCUMENT # K65083

1. Corporation Name

CORAL OAKS CORP.

REINSTATEMENT 04

MRS

2. Principal Office Address

10530 SW 57 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State. PINECREST FL

City & State

Zip. 33156 Country USA

Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

2/6/1989

5. FEI Number

65-0099525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Alan B. Raff

Street Address (P.O. Box Number is Not Acceptable)

10530 SW 57 Avenue

Suite, Apt. #, Etc.

City PINECREST

State FL

Zip Code 33156

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Alan B. Raff

Date 11/17/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chairman	Alan B. Raff	11096 Monfero St.	Coral Gables FL 33156
President	Robert Owens	5795 SW 99 Terrace	Pinecrest FL-33156
Treasurer	Stephen Taylor	P.O. Box 680756	Park City UT84068
Secretary	Dorothy Malinin	360 Atlantic Rd	Key Biscayne FL 33149
			800042937518 11/22/04--01087--007 **150.00

10. 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., 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 accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Alan B. Raff

Alan B. Raff

11/17/04

305 661 0092

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (01/04)

CR2001 (01/04)



November 15, 2004

Florida Dept. of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

We are attaching a completed Corporation Reinstatement form.

Inasmuch as we failed to receive the form for 2004 annual report, we ask that you waive the reinstatement fees. We now enclose our check in the amount of \$150 which is the usual annual fee.

Thank you for your consideration.

Yours Truly,

Alan B. Raff
Chairman