

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

PA700000146
CORAL ILLUSIONS, INC.

2. Principal Office Address

1502 53RD STREET Unit F
MANGONIA PARK, FL 33407

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Office Address

1502 53RD STREET Unit F
MANGONIA PARK, FL 33407

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12-31-96

5. FEI Number

65-0730463

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

BRANDON STRANDELL

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

102 WATERVIEW

Suite, Apt. #, Etc.

City

Palm Springs

State

FL

Zip Code

33461

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

Brandon Strandell
REGISTERED AGENT MUST SIGN

Date **8-20-00**

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
PRES.	BRANDON STRANDELL	102 WATERVIEW	Palm Springs, FL, 33461
Secretary	Doug Thomas	2219 BONNIE DRIVE	West Palm Beach, FL 33415

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:

Cecil Doug Thomas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-00

Date

(561)848-1957
Daytime Phone #

CR2E081 (9/99)