

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000066827

1. Corporation Name

CORAL REEF MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

305 MILAND LANE.  
206  
MELBOURNE FL 32940

P.O. BOX 33548  
INDIALANTIC FL 32903-0548  
US

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

2. New Principal Office Address, If Applicable

~~735 N. Miramar Ave~~

Suite, Apt. #, etc.  
# 404

City & State  
INDIALANTIC, FL

Zip  
32903

Country  
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

07/29/1998

5. FEI Number

59-3530838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a 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	4 City / State / Zip
DPCT	WITTLER, JOHN S	<del>905 MILAND LANE, #200</del> 735 N. Miramar Ave, #404	MELBOURNE FL 32940 INDIALANTIC, FL 32903

*Handwritten signature and date 11/20*

8. Name and Address of Current Registered Agent

MOSLEY, CURTIS R  
1221 EAST NEW HAVEN AVENUE  
MELBOURNE FL 32901

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*Handwritten signature of John S. Wittler*  
SIGNATURE

REGISTERED AGENT MUST SIGN

Date 11/19/03

11. 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:

*Handwritten signature of John S. Wittler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN S. WITTLER

11/18/03  
Date

321 951 1618  
Daytime Phone #

CRRE040 (7/03)