

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 APR 22 AM 8:00

DOCUMENT # P98000084580

1. Corporation Name

Coral Reef Realty Services, Inc.

2. Principal Office Address

14449 CountryWalk Drive
Suite, Apt. #, etc.

3. Mailing Office Address

14449 CountryWalk Dr
Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33186

Country

Dade

Zip

33186

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1998

5. FEI Number

65-0806360

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

5/5/03 90220 045*150.00
300033558043
04/22/04--01051--002 **250.00
300033558043
04/22/04--01051--001 **500.00

7. Name and Address of Current Registered Agent

Name

Joseph A. Marcinkewicz

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

15014 SW 147 ST.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33196

REINSTATEMENT

03-04
MRS

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

04/08/04

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
Broker/ President	Joseph A. Marcinkewicz	15014 SW 147 ST 1	Miami FL 33196

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:

[Signature]

Joseph A. Marcinkewicz

Date

04/08/04

Daytime Phone #

305

969-5717