

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 THE HONORABLE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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FILED
 99 NOV 19 PM 12:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P98000103902**

1. Corporation Name
CORA OIL, INC.

Principal Place of Business Mailing Address
 16241 BISCAYNE BLVD. 16241 BISCAYNE BLVD.
 NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160



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

2. New Principal Office Address, If Applicable 15200 Biscayne Blvd. Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 15200 Biscayne Blvd. Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 12/14/1998	
City & State North Miami Bch, FL		City & State North Miami Bch, FL		5. FEI Number 65-0881548	
Zip 33160		Zip 33160		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSD	HANFLING, DAVID	16241 BISCAYNE BLVD.	NORTH MIAMI BEACH FL 33160
VTD	SUTTON, SIMON	16241 BISCAYNE BLVD.	NORTH MIAMI BEACH FL 33160

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 -12/02/99--01081--013
 ****150.00 ****150.00

8. Name and Address of Current Registered Agent WASERSTEIN, RICHARD ESQ. 913 NORMANDY DRIVE MIAMI BEACH FL 33141		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	
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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.
 Signature of Registered Agent: *[Signature]* Date **10/28/99**
 REGISTERED AGENT MUST SIGN

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: *[Signature]* **David Hanfling** Date **10/28/99** Daytime Phone # **305-948-8685**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (8/99)

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CORA OIL, INC.
15200 BISCAYNE BOULEVARD
NORTH MIAMI BEACH, FL 33160
TEL: 305-948-8585 FAX: 305-948-8587

November 16, 1999

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

Subject: Cora Oil, Inc.
Ref. Number: P98000103902

RE: Letter Number: 999A00053297

Attn: Document Specialist

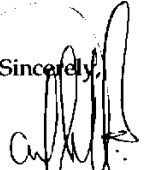
On October 26, we filed for our Corporation renewal. The same day I spoke to one of your Document Specialist and I mentioned to her that I never received any notices for renewal; she mentioned that one of your notices was returned to your office.

On November 04, I received the renewal application returned along with the check. I am kindly requesting from you to please waive all the reinstatement fees, please accept our company check in the amount of \$150.00 to cover application/annual report and the appropriate fee.

We are aware that by waiving these fees, our corporation is responsible to file the corporation renewal by May 1st, and that these fees are waived one time only.

Should you need any additional information, please contact us at: 305-948-8585.

Sincerely,



David Hanfling
President

Cc. dh/file