

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 APR 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000025918

1. Corporation Name

CORAL FISH, INC.

Principal Place of Business

17279 NW 60 CT.
MIAMI LAKES, FL 33015

Mailing Address

17279 NW 60 CT.
MIAMI LAKES, FL 33015

50 0004194925--1

-05/11/01--01018--007

****908.75 ****908.75

REINSTATEMENT

0001

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

2. New Principal Office Address, If Applicable

8801 Fontainebleau Blvd.

3. New Mailing Office Address, If Applicable

8801 Fontainebleau Blvd.

4. Date Incorporated or Qualified
To Do Business in Florida

3/22/1999

Suite, Apt. #, etc.

APT. 310

Suite, Apt. #, etc.

APT. 310

5. FEI Number

65-0909714

Applied For

Not Applicable

City & State

MIAMI, FL

City & State

MIAMI, FL

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

USA

Zip

33172

Country

USA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PSD	HUMBERTO ZEA	8801 FONTAINEBLEAU BLVD. APT. 310	MIAMI, FL 33172
VP	LUZ MARJORIE TORRES	8801 FONTAINEBLEAU BLVD. APT. 310	MIAMI, FL 33172
			LS

8. Name and Address of Current Registered Agent

CAMPOS, GERMAN
17279 NW 60th CT.
MIAMI LAKES, FL 33015

9. Name and Address of New Registered Agent

Name
HUMBERTO ZEA
Street Address (P.O. Box Number is Not Acceptable)
8801 FONTAINEBLEAU BLVD.
Suite, Apt. #, Etc.
APT. 310
City
MIAMI
State
FL
Zip Code
33172

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

REGISTERED AGENT MUST SIGN

Date 4/04/01

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/96)