

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V62820**

1. Corporation Name

CORAL CHEMICAL CORP.

FILED
01 NOV -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

**1138 OBISED AVE
CORAL GABLES FL 33134**

**1138 OBISED AVE
CORAL GABLES FL 33134**



REINSTATEMENT 2001

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1138 OBISED AVE

1138 OBISED AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
CORAL GABLES, FL.

City & State
CORAL GABLES, FL.

Zip
33134

Country
USA

Zip
33134

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1992

5. FEI Number

65-0359633

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	BRITO, BEATRIZ M.	233 ROMANO AVE. 1138 OBISED AVE	CORAL GABLES, FL, 33134

8. Name and Address of Current Registered Agent

**BRITO, BEATRIZ MARIA
233 ROMANO AVE.
CORAL GABLES FL 33134**

9. Name and Address of New Registered Agent

Name
BRITO, BEATRIZ MARIA

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

1138 OBISED AVE

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

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

BEATRIZ MARIA BRITO

REGISTERED AGENT MUST SIGN

Date **X 10-31-01**

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:

BEATRIZ MARIA BRITO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+ 10-31-01 X 305 529 6634

Date

Daytime Phone #

CR2E040 (801)