

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR -5 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000049186

1. Corporation Name

COHEN MORA DESIGN STUDIO, INC

200174523252
04/05/10--01057--009 **\$600.00

REINSTATEMENT 07-10
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #

3796 FALCON RIDGE CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33331

Country

USA

3. Mailing Office Address

3796 FALCON RIDGE CIRCLE

Suite, Apt. #, etc.

City & State

WESTON, FLORIDA

Zip

33331

Country

USA

4. Date incorporated or Qualified To Do Business in Florida

MAY, 2002

5. FEI Number

010692440

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CONIFF, BERNARD P. ESQ

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

760 Ponce de Leon

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

4/2/10

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
P	MAYRA C MORA	3796 FALCON RIDGE CIRCLE	WESTON, FL 33331
T	MAYRA C. MORA	3796 FALCON RIDGE CIRCLE	WESTON, FL, 33331
S	MAYRA C. MORA	3796 FALCON RIDGE CIRCLE	WESTON, FL 33331

10. E-mail Address: mayra @ cohenmoradesign . com

(To be used for future annual report notification)

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, I further certify 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/2010

Daytime Phone #

954-385-5424

41700