

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB -4 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **298000082886**

1. Corporation Name
PRISMA COBRES CORP.
8286 NW 66 St.
Miami, FL 33166

2. Principal Office Address
8286 NW 66 St

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33166 USA

3. Mailing Office Address
8286 NW 66 St.

Suite, Apt. #, etc.

City & State
Miami, FL

Zip Country
33166 USA

4. Date Incorporated or Qualified To Do Business in Florida
9/1998

5. FEI Number
65-0864628

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
KARLA PEREZ

Street Address (P.O. Box Number is Not Acceptable)
4890 NW 102 Ave #101

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent
Karla Perez

REGISTERED AGENT MUST SIGN

Date
1/28/03

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
President	KARLA PEREZ	8286 NW 66 St.	Miami, FL 33166
Vice-Pres.	CARLOS A. PEREZ	8286 NW 66 St.	Miami, FL 33166

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: **Karla Perez / KARLA PEREZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
1/28/03

Daytime Phone #
(305) 639-3216

2/21/03

CR2E081 (9/01)