12/27/2000 08:54 CCRS → 9224004 NO.207 D02

H00000067028 FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

00 DEC 26 PM 12:26

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # K38340

COCOFAIR, INC.
%Stanford Financial Group
201 S. Biscayne Blvd. 12th Floor
Miami, FL 33131

REINSTATEMENT 97-00

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida: October 12, 1988

5. FEI Number: 650083322

FEI Number Applied For ☐
FEI Number Not Applicable ☐

6. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED ☒

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 (Do NOT Use Post Office Box Numbers)	4 City - State - Zip
Pres.	Yolanda Suarez	201 S. Biscayne Blvd. 12th Floor	Miami, Florida 33131
Dire.	Allen Stanford	201 S. Biscayne Blvd. 12th Floor	Miami, Florida 33131

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Ponn, Miller
250 Valencia Ave, Ste A
Coral Gables FL 33134

9. If changed, new registered agent / office

Name AD

Street Address (Do NOT Use P.O. Box Number)
Corpdirect Agents

Street Address (Do NOT Use P.O. Box Number)
103 N. Meridian St. Lower Level

City: Tallahassee State: FL Zip: 32315

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: Agent for CorpDirect Agents Date: 12/26/00
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: Yolanda Suarez Date: 12-26-00 Daytime Phone #: 305-347-9140

Typed or printed name of signing officer or director

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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(((H00000067028 1)))

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To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES
Account Number : 110450000714
Phone : (850)222-1173
Fax Number : (850)224-1640

PLEASE GIVE ORIGINAL SUBMISSION DATE AS FILE DATE.

CORPORATION REINSTATEMENT

COCOFAIR, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,208.75