

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

02 AUG -5 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L15924 (8)

**1. Corporation Name**

E.G. Cody III, Inc.

**2. Principal Office Address**

% Jerry Cody

Suite, Apt. #, etc.

80 NE 40th Street

City & State

Miami, FL 33137

Zip

33137

Country

Dade

**3. Mailing Office Address**

% Jerry Cody

Suite, Apt. #, etc.

80 NE 40th Street

City & State

Miami, FL 33137

Zip

33137

Country

Dade

**REINSTATEMENT** 00-02

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/11/1989

**5. FEI Number**

65-0139906

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

Jerry Cody

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

80 NE 40th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33137

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\*\*\*1050.00 \*\*\*1050.00

**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

REGISTERED AGENT MUST SIGN

Date 8/2/02

**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
DST	Jerry Cody	80 NE 40th Street	Miami, FL 33137
DP	Eduardo Gonzalez	80 NE 40th Street	Miami, FL 33137

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/02  
Date

(305) 757-1771  
Daytime Phone #

CR2E081 (9/01)

8/6/02