

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
OR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

97 OCT 30 PM 1:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M00511

1. Corporation Name  
CUSOS, INC.

Principal Place of Business  
7800 S.W. 117 AVE  
PO BOX 33183  
MIAMI FL 33183

Mailing Address  
7800 S.W. 117 AVE  
PO BOX 33183  
MIAMI FL 33183

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/11/1984	
City & State		City & State		5. FEI Number 59-2774154	
Zip		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)			
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
DC	PARHAM, PATRICIA	450 NE 143 ST.	MIAMI FL
DVC	KROHN, EDWARD	9220 SW 174 ST.	MIAMI FL
DT	THOMAS, ALFRED	1160 NW 63 ST. 2151 NW 113 Terr.	MIAMI FL
DS	SAVOY, BARBARA	18933 SW 06 AVENUE 19650 Old Cutler Rd.	MIAMI FL
P	SIBLEY, HUBERT O.	7800 S.W. 117TH AVE.	MIAMI FL

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SIBLEY, HUBERT O., JR., PRESIDENT 7800 SW 117TH AVE. MIAMI FL 33183		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City	
		880002329198-2 -11/05/97-01088-005 ****175-00 ****175-00 FL	

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: *[Signature]* Date: 10-27-97

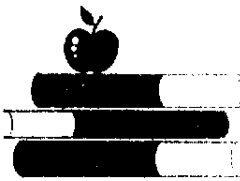
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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]* Date: 10-27-97 Daytime Phone #: 305 370 5200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



**DADE COUNTY SCHOOL EMPLOYEES FEDERAL CREDIT UNION**

7800 Southwest 117th Avenue • Miami, Florida 33183-3895

(305) 270-5200

October 27, 1997

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: Corporate Annual Report Reinstatement  
FEI #59-2774154

To Whom It May Concern:

As per my phone conversation with one of your representatives today, I explained that we filled out an application on January 6, 1997 and mailed it to you on the same day. However, you did not find a check enclosed and returned the application to us. We never received that returned application.

I have enclosed an application for reinstatement and a check for \$175.00.

Sincerely,

Hubert O. Sibley, Jr.  
President

HOS/cs