

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

OFFICE OF THE SECRETARY OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N99000000982

1. Corporation Name
COAKAM INC.

2. Principal Office Address
1425 Cindy Dr.
Suite, Apt. #, etc.
LAKE WORTH, FL.
City & State
33461
Zip
Country
Palm Beach.

3. Mailing Office Address
1425 Cindy Dr.
Suite, Apt. #, etc.
LAKE WORTH, FL.
City & State
33461
Zip
Country
Palm Beach.

FILED
01 SEP 12 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500004603225--1
-09/20/01--01078--005
08/24/0090028018-01.25
4. Date Incorporated or Qualified To Do Business in Florida Guatemalan Culture
5. FEI Number 65-1033679 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 Roberto G. Tomas
Street Address (P.O. Box Number is Not Acceptable)
1425 Cindy Dr.
Suite, Apt. #, Etc.
City LAKE WORTH. State FL Zip Code 33461

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 Roberto G. Tomas Date 7/19/01
REGISTERED AGENT MUST SIGN

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. D	Roberto Tomas	1425 Cindy Dr.	LAKE WORTH, FL 33461
V.P.	Juan Jose Mendez	21 South. C Street.	LAKE WORTH, FL 33460
Secret.	Tomas Jose Manuel	419 N. H St.	LAKE WORTH, FL 33460
Treasure	Pedro Francisco	626 N. P St.	LAKE WORTH, FL 33460
#1 D	Miguel Felix Flores	421 N. 7th St.	LAKE WORTH, FL 33460
#2 D	Yomara de Leon	21 S. C St.	LAKE WORTH, FL 33460
#2 D	Jose Santiago	419 N. H St.	LAKE WORTH, FL 33460

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: Roberto G. Tomas - Roberto G. Tomas Date 7/19/01 Daytime Phone # 561-702-3620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR