

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

**FILED**

01 NOV -6 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

**P-31441**

**1. Corporation Name**

**Cobblestone Limited Inc.**

**100004698241--8**

**-11/29/01--01047--005**

**\*\*\*\*150.00 \*\*\*\*150.00**

**2. Principal Office Address**

**16113 NW 8TH DR  
Pembroke Pines FL 33028**

**3. Mailing Office Address**

**P.O. Box 822092  
S. Florida FL 33082-2092**

Suite, Apt. #, etc.

**N/A**

Suite, Apt. #, etc.

**N/A**

City & State

**Pembroke Pines FL**

City & State

**South Florida, FL**

Zip

**33028**

Country

**USA**

Zip

**33082**

Country

**USA**

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

**MARCH 28, 2000**

**5. FEI Number**

**65-0996302**

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

**ANGELA Mouro**

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

**16113 NW 8TH DR.**

Suite, Apt. #, Etc.

City

**Pembroke Pines**

State

**FL**

Zip Code

**33028**

**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

**Angela Mouro**

**REGISTERED AGENT MUST SIGN**

**ANGELA Mouro**

Date **11/3/01**

**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
Pres	MARIA G. UERA	16113 NW 8TH DR. Pembroke Pines	Pembroke Pines, FL 33028
V.P.	ANGELA J. Mouro	16113 NW 8TH DR.	Pembroke Pines, FL 33028

**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:**

**MARIA G. UERA**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**11/3/01**

Date

**954-431-8482**

Daytime Phone #

CR2E081 (9/00)