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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 JAN 23 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000081558

1. Corporation Name

Cedco Consultants Corp.

2. Principal Office Address

104 Crandon Blvd.

Suite, Apt. #, etc.

306

City & State

Key Biscayne FL

Zip

33149

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

01-02

4. Date Incorporated or Qualified
To Do Business in Florida

8/24/2000

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SEE 7. Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Brito & Young Professional Limited Company

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

1001 Brickell Bay Drive

Suite, Apt. #, Etc.

1710

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S.

Signature of
Registered Agent

Leonardo F. Brito,

REGISTERED AGENT MUST SIGN Member

Date 1/17/02

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
D	Xiomara Cortes	1121 Crandon Blvd. E-1006	Key Biscayne, FL 33149
D	Guillermo Cedeno	1121 Crandon Blvd. E-1006	Key Biscayne, FL 33149

10. I certify that I am an officer or director of the corporation 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 reinstatement fee 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 118.07(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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guillermo Cedeno

Date 1/17/02

Date

Daytime Phone #

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

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To:

Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

CORPORATION REINSTATEMENT

CEDCO CONSULTANTS CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00