


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR ~~REINSTATEMENT~~  FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # **P01000006462**
 1. Corporation Name
COGNOPUS, INC.

03 JAN 14 PM 2: 25

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 300010085643
 01/14/03--01028--005 **300.00

Principal Place of Business Mailing Address
13005 S.W. 76 TERRACE MIAMI FL 33183



2002-2003 UBR

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. New Mailing Office Address, If Applicable
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **01/17/2001**

5. FEI Number **651072732**
 Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
PSD	FUSTE, JORGE L	9800 S.W. 119 STREET	MIAMI FL 33176
VPTD	FUSTE, LUIS M	13005 S.W. 76 TERRACE	MIAMI FL 33183

8. Name and Address of Current Registered Agent
MESTRIL, MARTHA
9271 S.W. 76 STREET
MIAMI FL 33173

9. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
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. or 617.0505, F.S.

Signature of Registered Agent *M. Mestril* **SIGNATURE REQUIRED** Date 01/07/03
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** Date 01/01/2003 Daytime Phone # 305-411-3247
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (9/02)

282

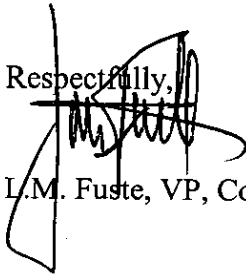
Department of State
Division of Corporations

January 7, 2003

Cognopus, Inc. never received the annual uniform business report for 2002. Please accept this letter along with the application for reinstatement form as a request to reinstate Cognopus and waive the usual fee of \$600.

Enclosed is a check for \$300. This amount is for the annual fee for 2002 as well as 2003. For further clarification, do not hesitate to call Luis M. Fuste, V.P., at 305-796-1290 or 305-471-3247.

Respectfully,


L.M. Fuste, VP, Cognopus, Inc.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

RECEIVED