


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

05 MAY 20 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000040253

1. Corporation Name

Coo-Ya by Gibbo Inc

2. Principal Office Address

2187 SW 151 Ave

3. Mailing Office Address

2187 SW 151 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miramar, FL

City & State

Miramar, FL

Zip

33027

Country

USA

Zip

33027

Country

USA

REINSTATEMENT 03-05

4. Date Incorporated or Qualified  
To Do Business in Florida

04/20/2001

5. FEI Number

651095612

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

Michael Gibson

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

2187 SW 151 Ave

Suite, Apt. #, Etc.

City

Miramar

State

FL

Zip Code

33027

700055724107

06/06/05--01008--008 \*\*1050.00

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

*Michael Gibson Sr*

Date

05/17/05

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
PTD	Michael Gibson	2187 SW 151 Ave,	Miramar, FL. 33027
TD	TODD-GIBSON, CHRISTINE	2187 SW 151 Ave,	Miramar, FL. 33027
SD	GIBSON, HERMINA	5507 CONSTANT SPRING TERRACE	FORT LAUDERDALE FL 33319

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:

*Michael Gibson Sr*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/17/05

Daytime Phone #

CR2E01 (01/05)