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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000048274

1. Corporation Name
Cofresi Group, Corp.

REINSTATEMENT 02-05

2. Principal Office Address	3. Mailing Office Address
7500 Coquina Dr	7500 Coquina Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Bay Village, Fl	City & State: North Bay Village, Fl
Zip: 33141 Country: USA	Zip: 33141 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/15/2001

5. FEI Number: Will Be Applied for — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Luciene Cofresi

Street Address (P.O. Box Number is Not Acceptable): 7500 Coquina Dr.

Suite, Apt. #, Etc.:

City: North Bay Village, FL — State: FL — Zip Code: 33141

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: Luciene Cofresi — Date: 8-9-05
REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

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	Luciene Cofresi	7500 Coquina Dr, NBV, Fl	North Bay Village Fl 3314
T	Manuel Gil	848 Brickell Key Dr #3505	Miami, Fl 33131
V	Oscar Acosta	3201 NE 183rd St #1104	Aventura, Fl 33160

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: Luciene Cofresi — 8-9-05
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State

Division of Corporations

Public Access System

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

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

COFRESI GROUP, CORP.

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