

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN 27 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064656

1. Corporation Name

COSMA WBP THREE, INC.

Principal Place of Business

355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES FL 33134

Mailing Address

355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES FL 33134



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

06/28/2001

5. FEI Number

80-0050578

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
D	CODINA, ARMANDO	355 ALHAMBRA CIRCLE, SUITE 900	CORAL GABLES FL 33134

8. Name and Address of Current Registered Agent

COBB, KOLLEEN
355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

1/17/03

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03 305 5202344

CODINA

GROUP, INC.



355

Alhambra

Circle

9th Floor

Coral Gables

Florida

33134

T305•520•2300

www.codina.com

January 14, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: COSMA WBP THREE, INC. DOCUMENT #PO1000064656

To whom it may concern:

We received a Notice of Administrative Dissolution or Revocation for COSMA WBP THREE, INC. Document #PO1000064656. Upon calling your office on December 11, 2002, we were informed that a letter was mailed on 5/23/02 requesting an FEI number for the entity. We never received the letter therefore we request that the additional filing fee be waived. The FEI # for this entity is 80-0050578.

Sincerely,

A handwritten signature in black ink, appearing to read "Kolleen O.P. Cobb". The signature is fluid and cursive, with the first name "Kolleen" being more prominent and the last name "Cobb" written in a more compact, stylized manner.

Kolleen O.P. Cobb
General Counsel