

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 AM 9:21

SECRETARY OF STATE
TALLAHASSEE FL 32399

DOCUMENT # **P01000066033**

1. Corporation Name

COSMA WBP ONE, 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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

07/05/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

90-0048783

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/03

305-520-2344

CR2ED40 (8/02)

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 ONE, INC. DOCUMENT #PO1000066033

To whom it may concern:

We received a Notice of Administrative Dissolution or Revocation for COSMA WBP ONE, INC. Document #PO1000066033, 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 90-0048783.

Sincerely,

A handwritten signature in black ink, appearing to read "Kollene O.P. Cobb". The signature is fluid and cursive, with the first name "Kollene" being more prominent.

Kollene O.P. Cobb
General Counsel