

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000069840

1. Corporation Name

CABO MAYOR, INC.

2. Principal Office Address

1155 BRICKELL BAY DR

Suite, Apt. #, etc.

3. Mailing Office Address

1155 BRICKELL BAY DR

Suite, Apt. #, etc.

City & State

MIAMI FLA

City & State

MIAMI FLA

Zip

33131

Country

USA

Zip

33131

Country

USA

100009001661

11/14/02--01048--030 **150.00

2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida

7/16/2001

5. FEI Number

65-1123617

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

IDA C OVIES

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

2307 DOUGLAS RD

Suite, Apt. #, Etc.

#400

City

MIAMI

State

FL

Zip Code

33145

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

IDA C OVIES

REGISTERED AGENT MUST SIGN

Date

11/7/02

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
PST	URIARTE, JUAN M	1155 BRICKELL BAY DR	MIAMI FLA 33131

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/7/02 305 445 7100

Daytime Phone #

CR2E081 (9/01)

282

CABO MAYOR, INC
1155 BRICKELL BAY DR
MIAMI, FLA 33131

November 7, 2002

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Fla 32314

Re: UBR 2002

Dear Sirs:

Please find enclosed completed application for reinstatement and check for \$150 annual fee for Cabo Mayor, Inc. Document# P01000069840.

We never received the first or second UBR forms for 2002.

Please file the reinstatement as soon as possible.

Thank you.

Respectfully,



Juan Maria Uriarte
President