

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000013663

1. Corporation Name

COFRADIA ENTERPRISES, INC.

2. Principal Office Address - No P.O. Box #

2101 BRICKELL AVE

3. Mailing Office Address

2101 BRICKELL AVE

Suite, Apt. #, etc.

1612

Suite, Apt. #, etc.

1612

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33129

Country

Zip

33129

Country

REINSTATEMENT

CR2E081 (1/07)

05 07

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

80-0036980

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

TOVAR, NICOLAS

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

2101 BRICKELL AVE

Suite, Apt. #, Etc.

1612

City

MIAMI

State

FL

Zip Code

33129

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Nicolas Tovar
REGISTERED AGENT MUST SIGN

Date **07/26/2007**

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	TOVAR, NICOLAS	2101 BRICKELL AVE #1612	MIAMI, FL 33129
SV	PEDRONI, LILYANA	13734 NW 18 ST	PEMBROKE PINES, FL 33028

100105921591
07/30/07--01054--017 **450.00

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 contained in Chapter 119, 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

Nicolas Tovar
07/26/2007

Date

786-399-1336

Daytime Phone #