

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 SEP 29 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000090431

1. Corporation Name

ODF RETAIL OF COCOWALK, INC.

2. Principal Office Address

3015 GRAND AVENUE

Suite, Apt. #, etc.

110B

City & State

COCONUT GROVE, FL

Zip

33133

Country

3. Mailing Office Address

3015 GRAND AVENUE

Suite, Apt. #, etc.

110B

City & State

COCONUT GROVE, FL

Zip

33133

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

08/20/02

5. FEI Number

223865959

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

ALAIN ALTIT

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

3015 GRAND AVENUE

Suite, Apt. #, Etc.

110B

City

COCONUT GROVE

State

FL

Zip Code

33133

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

Date

REGISTERED AGENT MUST SIGN

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	ALAIN ALTIT	3015 GRAND AVENUE SUITE 110B	COCONUT GROVE, FL 33133

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: *Alain Altit*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/03
Date

305-444-1580
Daytime Phone #

CR2E081 (10/02)

**MOYAL ACCOUNTING SERVICE
208 N. UNIVERSITY DRIVE
PEMBROKE PINES, FL 33027
(954) 430-3930 PH
(954) 430-3939 FAX**

September 24, 2003

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Fl 32314-6327

**Re: Annual Report for ODF Retail of Cocowalk, Inc.
Document# P02000090431**

Dear Sir or Madam:

Enclosed please find a check for the annual fee for ODF Retail of Cocowalk, Inc. for 2003. Mr. Altit is requesting your help in waiving the fees and penalties due to the fact that he never received the Uniform Business Report because he moved to another location.

~~Your prompt attention to this matter will be greatly appreciated.~~

Sincerely,

Moyal Accounting Services