


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 DEC -8 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P02000121203*

1. Corporation Name
COPROINSA CORP
6015 NW 87 AVE
MIAMI, FLORIDA 33178

2. Principal Office Address 6015 NW 87 AVE		3. Mailing Office Address MCO868	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO BOX 025233	
City & State MIAMI		City & State MIAMI	
Zip FL	Country 33178	Zip FL	Country 33102

REINSTATEMENT 04-06

4. Date Incorporated or Qualified To Do Business in Florida *11/13/02*

5. FEI Number 11-3685669
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
LARRY GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)
6015 NW 87 AVE

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33178

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 *[Signature]* Date *11/20/06*

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/S	LARRY GONZALEZ	6015 NW 87 AVE	MIAMI, FLORIDA 33178

100092485621
*12/12/06--01017--010 **1050.00*

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 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]* Date *11/20/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (01/05)

12/18/06