

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000078454

**1. Corporation Name**

Cardoso Group, Inc.  
185 SE 14 Terrace; #1404  
Miami, FL 33131

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

185 SE 14 Terrace

Suite, Apt. #, etc.

#1404

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

**3. Mailing Office Address**

185 SE 14 Terrace

Suite, Apt. #, etc.

#1404

City & State

Miami, FL

Zip

33131

Country

Miami-Dade

**7. Name and Address of Current Registered Agent**

Name

Javier Cardoso

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

185 SE 14 Terrace

Suite, Apt. #, Etc.

#1404

City

Miami,

State

FL

Zip Code

33131

**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

REGISTERED AGENT MUST SIGN

Date

05-05-07

**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/D	Javier Cardoso	185 SE 14 Terrace; #1404	Miami, FL 33131
V/S/D	Maria Teresa Cardoso	185 SE 14 Terrace; #1404	Miami, FL 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 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

Date

Daytime Phone #

JAVIER CARDOSO 05/05/07 404 374 0695

FILED

07 MAY 10 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100103191341  
05/24/07--01019--013 \*\*608.75

REINSTATEMENT 04-07

CR2E081 (1/07)

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

07/16/2003

**5. FEI Number**

371472070

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

☒ \$8.75 Additional Fee required  
for a Certificate of Status

☒ 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.

205/18