1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**
~~REINSTATEMENT~~
2004 AR

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL -8 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000100377

1. Corporation Name
Cobraless 4 Transport, Inc.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 7890 SW 17 St | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami FL. | City & State |
| Zip: 33155 Country: USA | Zip Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 20-0221865 ☐ 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: Rosa M Hernandez

Street Address (P.O. Box Number is Not Acceptable): 7890 SW 17 St.

700038844457
07/07/04--01072--011 **155.75

Suite, Apt. #, Etc.

City: Miami, FL. State: FL Zip Code: 33155

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: Rosa M Hernandez Date: 7/1/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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 |
|---|---|---|---|
| D. | Rosa M Hernandez | 7890 SW 17 St. | Miami, FL 33155 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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: Rosa M Hernandez Date: 7/1/04 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SOUTHWEST ACCOUNTING CENTER, INC.**

P.O.Box 971577
10381 SW 186 St
Miami, Fl 33197-1577

Phone 305-255-2511
Fax 305-255-7313
Email swacctg@bellsouth.net

July 1, 2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, Florida 32399

re: Form 2004 Resinstatment Doucment #P03000100377
Cobraless 4 Transport, Inc.
Gentlemen:

Please be advised that my client did not receive the Notice to File their Corporate Annual Report for 2004. Enclosed please find a Money Order in the amount of $158.75.

Thank you so much in your attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER, INC.

Regina Lloret

Rosa M Hernandez
President