

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT
2004 AR

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000100377

1. Corporation Name
Cobraless 4 Transport, Inc.

2. Principal Office Address
7890 SW 17 St
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip 33155 **Country** USA

Zip **Country**

FILED

04 JUL -8 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials

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

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

Handwritten signature of Rosa M Hernandez

REGISTERED AGENT MUST SIGN

Date 7/1/04

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:

Handwritten signature of Rosa M Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/1/04

Daytime Phone #

CR2001 (01/04)

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 Document #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.

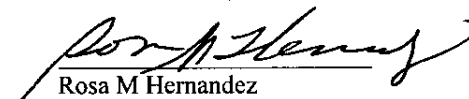
Thank you so much in your attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER, INC.



Regina Lloret


Rosa M Hernandez
President