

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2007 OCT -2 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P05000081415

1. Corporation Name

COORDINADORA INTERNATIONAL CORP.

**REINSTATEMENT** 06-07

CR2E081 (1/07)

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

1139 NW 124 AVE

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip  
33182

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/06/2005

5. FEI Number

510547225

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  
MARA LUCIA JAIME

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

1139 NW 124 AVE

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33182

☒ 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.

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

*Mara Lucia Jaime*  
REGISTERED AGENT MUST SIGN

Date 08/29/2007

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
PTD	MARA LUCIA JAIME	1139 NW 124 AVE	MIAMI FL 33182 (ADD)
<del>SD</del>	<del>PATRICIA E TOVAR</del>	<del>1139 NW 124 AVE</del>	<del>MIAMI FL 33182 (DELETE)</del>

300110516843  
10/09/07--01012-024 \*\*300.00

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 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:

*Mara Lucia Jaime*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/29/2007

Date

7869759888

Daytime Phone #

10/4/07