

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -3 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000135632

1. Corporation Name

Carridad Del Cobre-Reyes Corp

500167913575
02/03/10--01003--005 ***450.00

REINSTATEMENT 08-10

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

2023 Hollywood Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2023 Hollywood Blvd

Suite, Apt. #, etc.

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33020

Country

USA

Zip

33020

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/03/2005

5. FEI Number

20-3575653

☐ 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

Sonia Reyes

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

2023 Hollywood Blvd

Suite, Apt. #, Etc.

City

Hollywood, FL

State

FL

Zip Code

33020

☒ 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

Roberto Reyes Jr.

REGISTERED AGENT MUST SIGN

Date 2/2/2010

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	Sonia Reyes	2023 Hollywood Blvd	Hollywood, FL 33020
VP	<i>Roberto</i> Reyes, SR.	2023 Hollywood Blvd	Hollywood, FL 33020
Treas	<i>Roberto</i> Reyes, Jr.	2023 Hollywood Blvd	Hollywood, FL 33020
S	<i>Carlos</i> Reyes	2023 Hollywood Blvd	Hollywood, FL 33020

10. E-mail Address: rogerlewis1954@att.net

(To be used for future annual report notification)

11. 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. I further certify 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:

Roberto Reyes Jr.

Roberto Reyes Jr.

2/2/2010

786 252-2472

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3-