

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 10 PM 1:07

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P06000078578**

1. Corporation Name

IGNOT COJ PINT CORP

700137793537
11/10/08--01059--006 **908.75

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

1502 Abigail Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

1502 Abigail Dr.

Suite, Apt. #, etc.

City & State

Apopka, FL

Zip Country

32703 Orange

City & State

Apopka, FL

Zip Country

32703 Orange

4. Date Incorporated or Qualified
To Do Business in Florida

9/14/07

5. FEI Number

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

Victor Manuel COJ

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

1502 Abigail Dr.

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

☐ 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

X Victor M Coj

REGISTERED AGENT MUST SIGN

Date

11/5/08

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	Humberto Ignot	1502 Abigail Dr	Apopka, FL 32703
S	Victor Coj	1502 Abigail Dr	Apopka, FL 32703

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:

X Humberto Ignot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/08

Date

407-516-9043

Daytime Phone #