

APPLICATION
FOR
REINSTATEMENT



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P93000041491**

CADORE MODA U.S.A., INC.

Mailing Address

8011 NW 14TH ST
MIAMI FL 33126
US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Country

Country

06/11/1993

65-0416399

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 A Affidavit fee required for a Certificate of Status.

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	DA RIN, ARBIGO	8011 NW 14TH ST	MIAMI FL
D	GRAUPERA, AGUEDA M	8011 NW 14 ST	MIAMI FL 33126
P/O	Paul DIAZ	8011 NW 14 th	Miami FL 33126
			700003038777--6 -11/09/99--01005--001 ****750.00 ****750.00

9. Name and Address of New Registered Agent

Name Paul Diaz
Street Address (P.O. Box Number is Not Acceptable) 8011 NW 14th
Suite, Apt. #, Etc. Miami,
City Miami,

Signature of
Registered Agent

Date 10/20/1997

REGISTERED AGENT MUST SIGN

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

De

Daytime Phone # _____