

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP -5 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046663

1. Corporation Name

CORMI CORP.

600007629596--7
-09/10/02--01037--004
****900.00 ****900.00

2. Principal Office Address

3095 OKEECHOBEE RD

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

U.S.A.

3. Mailing Office Address

3095 OKEECHOBEE RD

Suite, Apt. #, etc.

City & State

HIALEAH, FLORIDA

Zip

33012

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

07-02-93

5. FEI Number

65-0424125

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

MIGUEL O. SRUR

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

3095 OKEECHOBEE RD

Suite, Apt. #, Etc.

City

HIALEAH

State
FL

Zip Code

33012

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

Date

REGISTERED AGENT MUST SIGN

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	SRUR, MIGUEL O.	3095 OKEECHOBEE RD	HIALEAH, FLORIDA 33012
S	SRUR, ETEL R.	3095 OKEECHOBEE RD	HIALEAH, FLORIDA 33012

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:

MIGUEL O. SRUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-4-02

Date

305-883-9091

Daytime Phone #

CR2081 (9/01)

9/5/02