

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99-00AR

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000011897**

1. Corporation Name

Cobra Motors Corp.

2. Principal Office Address

9306 NW 13 ST. # 4

Suite, Apt. #, etc.

Bay # 4

City & State

Miami, FL.

Zip

33172

Country

Dade.

3. Mailing Office Address

9306 NW 13 ST.

Suite, Apt. #, etc.

Bay # 4

City & State

Miami, FL.

Zip

33172

Country

Dade

4. Date Incorporated or Qualified To Do Business in Florida

1995

5. FEI Number

05-0555833

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

NERY GIL

300003133333-6

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

532 W. 17 ST.

~~02/11/00~~ ~~01113~~ ~~003~~

****300.00 ****300.00

Suite, Apt. #, Etc.

Hialeah, FL.

City

State
FL

Zip Code

33010

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

Nery Gil

REGISTERED AGENT MUST SIGN

Date

1/19/2000

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-5	NERY GIL	532 W. 17 ST.	Hialeah, FL. 33010

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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:

Nery Gil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000

Date

305-639-1808

Daytime Phone #

CR2E081 (9/99)

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1-19-2000

To whom it may concern:

As per our conversation on the phone you were going to mail me an application and I will mailed it back with an attached check \$300.00. To my knowledge this letter never got to my hands, at the time I was moving from 7068 SW 9ST. to 7070 SW 9ST.

I understand that is my responsibilities but I never got that letter. That's the truth. I hope you take this under consideration. Please review and if you have any questions feel free to call me at (305) 681-6212 from (9-1pm)

(305) 883-1340 after 1:30pm.

Thank you for your time. Our new bussiness address is on the application.

Cobra Motors
Dery Gil

P/s Remove

Odalyz Fernandez from Corp.