

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 FEB -4 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000089478

1. Corporation Name

Cotelsa Inc.

500117050635  
02/05/08--01018--020 \*\*458.75

**REINSTATEMENT** 06-08<sup>KS</sup>

CR2E081 (12/07)

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

1900 NW 97th Avenue

Suite, Apt. #, etc.

Suite 014-10102

City & State

Miami, Florida

Zip

33172

Country

USA

3. Mailing Office Address

1900 NW 97th Avenue

Suite, Apt. #, etc.

Suite 014-10102

City & State

Miami, Florida

Zip

33172

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/22/1995

5. FEI Number

650656282

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

Ignacio Vizcarra

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

1900 NW 97th Avenue

Suite, Apt. #, Etc.

Suite 014-10102

City

Florida

State

FL

Zip Code

33172

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/30/2008

**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
D	Ignacio Vizcarra	Riveros Cruz 677	Viña del Mar / Chile
D	Fred Rudnick	Jaime Eyzaguirre 2321	Concepcion / Chile

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:

Ignacio Vizcarra

1/30/2008

(305) 675-8504

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #