PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 12 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000046750

1. Corporation Name

• CONUCO ENTERPRISES, INC.

Principal Place of Business

Mailing Address

P.O. Box 144883
Coral Gables, Florida 33114-4883

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc
P.O. Box 144883
City & State
Coral Gables, Fl.
Zip 33114 Country

3. New Mailing Office Address If Applicable

Suite, Apt. #, etc
P.O. BOx 144883
City & State
Coral Gables Fl
Zip 33114 Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified To Do Business in Florida
6/3/96

5. FEI Number
65-0693808

6. CERTIFICATE OF STATUS DESIRED ☐ Applied For ☐ Not Applicable

$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Rodolfo Gonzalez	4021 Alhambra Cir.	Coral Gables. Fl 33146

000028816655--9
-05/04/99--01042--013
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Raul Gonzalez
2120 NW 23 Ct.
Miami, Florida 33142

9. Name and Address of New Registered Agent

Name
Rodolfo Gonzalez
Street Address (P.O. Box Number is Not Acceptable)
4021 Alhambra Circle
Suite, Apt. #, Etc
City
Coral Gables
State FL Zip Code 33146

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent ✓ [signature] REGISTERED AGENT MUST SIGN

Date 4-7-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(See other side for information on Intangible tax.)

12. 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] Rodolfo Gonzalez 4/7/99 305-663-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E041 (12/98)