

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000003193

1. Corporation Name

COCHA WESTON, INC.

Principal Place of Business

1701 HIGHWAY A-1A  
SUITE 220  
VERO BEACH FL 32963

Mailing Address

1701 HIGHWAY A-1A  
SUITE 220  
VERO BEACH FL 32963

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

2. New Principal Office Address, If Applicable

13051 SW 29 CT

Suite, Apt. #, etc.

City & State

DAVIE FL

Zip 33330

Country

3. New Mailing Office Address, If Applicable

13051 SW 29 CT

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip 33330

Country

*[Handwritten signature]*



REINSTATEMENT 1999

4. Date Incorporated or Qualified To Do Business in Florida

01/13/1997

5. FEI Number

65-0718491

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 3	City / State / Zip 4
P	LASCURAIN, EUGENIO	13051 SW 29 CT	DAVIE FL 33330
SVP	ROMERO, JOSE L	2537 MONTCLAIRE CIR	WESTON FL 33327
DVP	LASCURAIN, MARIA	13051 SW 29 CT	DAVIE FL 33330
VPD	BOHARD, ELIZABETH ROMERO, ELIZABETH	2537 MONTCLAIRE CIR	WESTON FL 33327

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-11/23/99--01005--027  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

LASCURAIN, EUGENIO  
13051 SW 29 CT  
DAVIE FL 33330

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11/5/99

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

Date

Daytime Phone #

*[Handwritten signature]* EUGENIO LASCURAIN 11/5/99 (954) 3496483

CR2240 (8/99)