

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P970000029009

1. Corporation Name

COCONUT GROVE INVESTMENTS, INC.

2. Principal Office Address

8296 N.W. 195 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33015

Country

USA

3. Mailing Office Address

8296 N.W. 195 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33015

Country

USA

REINSTATEMENT 99-01

4. Date Incorporated or Qualified

To Do Business in Florida -

APRIL 1, 1997

5. FEI Number

65-0752885

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

SARAH P. DELBARRIO

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

8296 NW 195 TERRACE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

Sarah P. delBarrio

REGISTERED AGENT MUST SIGN

Date Jan. 30, 2001

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

MARTIN DELBARRIO

8296 NW 195 TERRACE

MIAMI, FL. 33015

V/S

SARAH P. DELBARRIO

8296 NW 195 TERRACE

MIAMI, FL. 33015

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:

Sarah P delBarrio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 30, 2001 305-829-1838

Date

Daytime Phone #

CR2ED81 (9/00)