

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 30 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000044099

1. Corporation Name

COTTON BAY ADVISORY SERVICES, INC.

2. Principal Office Address

825 BRICKELL BAY DR TOWER 3

3. Mailing Office Address

C/O 304 PALERMO AVENUE

Suite, Apt. #, etc.

SUITE# 1548

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

CORAL GABLES, FL

Zip

33131

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 05/19/1997

5. FEI Number

65-0759906

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

SONIA SARMIENTO

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

825 BRICKELL BAY DRIVE TOWER 3

Suite, Apt. #, Etc.

SUITE 1548

City

MIAMI

State

FL

Zip Code

33131

100031571291

03/31/04 01070 006 **1050.00

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

Date

REGISTERED AGENT MUST SIGN

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
PSD	SONIA SARMIENTO	C/O 304 PALERMO AVENUE	CORAL GABLES, FL 33134

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/04

Date

305-448-5585

Daytime Phone #

CR2E081 (01/04)