

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 DEC -1 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000073055

1. Corporation Name

C.O.B.O. & Associates, CO.

**REINSTATEMENT**

04

2. Principal Office Address

1060 PIN OAK ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

3. Mailing Office Address

1060 PIN OAK ST

Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33019

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/21/1997

5. FEI Number

65-0791365

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

Alfreds Cordero

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

1060 PIN OAK ST

Suite, Apt. #, Etc.

City

Hollywood FL

State

FL

Zip Code

33019

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

11/07/2004

**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	CORDERO, Alfredo J.	1060 PIN OAK ST.	Hollywood FL 33019

800042595208  
11/12/04--01053--022 \*\*750.00

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

Date

11/07/2004

Daytime Phone #

305-490-5957