

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 27 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000076302**

1. Corporation Name

LA Caridad del Cobre, Inc.

2. Principal Office Address

1310 SW 76th AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33144

Country

US

Zip

-

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

☒ 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

Magaly Cruz

500003118915--7

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

1310 S.W. 76th AVENUE

-02/01/00--01096--011

******350.00 ****350.00**

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code

33144

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

Magaly Cruz

REGISTERED AGENT MUST SIGN

Date

01/21/00

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

Pres. Magaly Cruz

1310 S.W. 76th AVE.

Miami, FL 33144

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******100.00 ****100.00**

SP

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:

Magaly Cruz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/21/00 (305) 266-9798

Date

Daytime Phone #

CR2E081 (9/99)

2

January 20, 2000

Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Fl. 32399

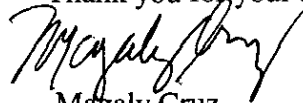
REF: La Caridad Del Cobre
1310 SW 76th Avenue
— Miami, Florida—33144
Document #P97000076302
FLD: 09/03/1997
Administrative Dissolution: 10/16/98

Attn: Annual Report and Reinstatement Department

Per our conversation on (01/20/2000) I am requesting to reinstate this corporation. As I explained to you on the phone my mother became very ill last year and I had to leave Florida to be by her side. I had no one that I could trust to look over my business and the renewal for this corporation was overlooked which led to it being dissolved due to none payment of annual report fees.

I am back home and attending my business and I would like to pick up where things were left unattended starting with the reinstatement of this corporation. If you could please waive the penalty fees and accept the enclosed payment of \$450.00 for reinstatement for the year 98, '99 and 2000 so that I could start anew. If there is any paperwork to be filled out please send it to my attention **Magaly Cruz** my mailing address is **1671 S.W. 67th Avenue , Miami, Florida 33155.**

Thank you for your assistance,


Magaly Cruz

MC;bms