

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 25 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000076302

1. Corporation Name

La Caridad Del Cobre

REINSTATEMENT 02-03

500012976265
02/24/03--01005--026 **358.75

2. Principal Office Address

1310 S.W. 76 Avenue

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33144

Country

Dade

3. Mailing Office Address

1310 S.W. 76 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33144

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

09-03-1997

5. FEI Number

65-0777387

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

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

1310 S.W. 76 Avenue

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 February 19, 2003

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
D/P/S	Magaly Cruz	1310 S.W. 76 Avenue	Miami, Florida 33144

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

February 19, 2003 (365) 267-2230
Date Daytime Phone #

CR2E061 (10/02)

2/25