

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 -9 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P98000007791

**1. Corporation Name**

COCOVUE, Inc.

**2. Principal Office Address**

8725 NW 18 Ter

Suite, Apt. #, etc.

Suite 206

City & State

Miami, FL

Zip

33172

Country

USA

**3. Mailing Office Address**

8725 NW 18 Ter

Suite, Apt. #, etc.

Suite 206

City & State

Miaim, FL

Zip

33172

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

1/26/98

**5. FEI Number**

Applied For

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

Robert Cambo

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

8725 NW 18 Ter

Suite, Apt. #, Etc.

Suite 206

City

Miami

State

FL

Zip Code

33172

**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

*Robert Cambo*  
REGISTERED AGENT MUST SIGN

Date

12/01/01

**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	Robert Cambo	8725 NW 18 Ter #206	Miami, FL 33172

**REINSTATEMENT 99-01178**

**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:**

*Robert Cambo*  
ROBERT CAMBO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/01  
Date

Daytime Phone #

CR2E081 (9/00)