

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000007791**

1. Corporation Name

Cocoview, Inc.

2. Principal Office Address

2977 McFarlane Rd

Suite, Apt. #, etc.

303

City & State

Coconut Grove, FL

Zip

33133

Country

USA

3. Mailing Office Address

2977 McFarlane Rd

Suite, Apt. #, etc.

303

City & State

Coconut Grove, FL

Zip

33133

Country

USA

REINSTATEMENT

03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

1/26/98

5. FEI Number

650820014

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

500 031680805

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

2977 MCFARLANE RD

4/1/04 01025 002

***150.00**

Suite, Apt. #, Etc.

303

City

COCONUT GROVE

State

FL

Zip Code

33133

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

Date

4/1/04

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
D	ROBERT CAMBO	2977 McFarlane Rd #303	Coconut Grove FL 33133

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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/1/04

Daytime Phone #

CR2E081 (01/04)

292

COCOVIEW, LTD.

VIA FEDEX OVERNIGHT

March 30, 2004

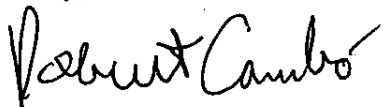
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32314

RE: Request for Waiver of Corporation Reinstatement Fee
Cocoview, Inc. P98000007791

To Whom It May Concern:

We did not receive notice for the renewal of the corporation for year 2003. We respectfully request a waiver of the reinstatement fee. Please contact me if you have any questions.

Sincerely,



Robert Cambó