

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 30 PM 3:27

DOCUMENT # **98000017738**

1. Corporation Name

Chicha, Corp
c/o Rosa Couto

000011399300
01/30/03--01054--003 ***300.00

2. Principal Office Address

9400 W. Flagler St.

Suite, Apt. #, etc.

402

City & State

Miami, FL

Zip

33174

Country

USA

3. Mailing Office Address

9400 W. Flagler St.

Suite, Apt. #, etc.

402

City & State

Miami, FL

Zip

33174

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/24/1998

5. FEI Number

65-0890513

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

Rosa Couto

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

9400 W. Flagler St.

Suite, Apt. #, Etc.

402

City

Miami

State

FL

Zip Code

33174

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

Rosa Couto
REGISTERED AGENT MUST SIGN

Date 1/27/2003

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	Rosa Couto	9400 W. Flagler St. # 402	Miami, FL 33174
D	Ana Gravier	4841 Ronda St.	Coral Gables, FL 33146

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:

Rosa Couto

Rosa Couto

1/27/03

(305) 226 1664

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/3/03 AD

CR2E081 (10/02)