

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JUN -6 AM 10: 57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000044714

1. Corporation Name

COCHISE INVESTMENTS, INC.

2. Principal Office Address

1211 HARDEE ROAD

Suite, Apt. #, etc.

3. Mailing Office Address

C/O ATER REGISTERED AGENTS

Suite, Apt. #, etc.

2601 S. BAYSHORE DR #700

City & State

CORAL GABLES, FL 33146

City & State

COCONUT GROVE FL

Zip

Country

33146

USA

Zip

Country

33133

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1998

5. FEI Number

65-0896201

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

REINSTATEMENT 04-06

7. Name and Address of Current Registered Agent

Name

ATER REGISTERED AGENTS, LLC

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

2601 S. BAYSHORE DRIVE, SUITE 700

Suite, Apt. #, Etc.

City

COCONUT GROVE

State

FL

Zip Code

33133

400076210284
06/15/06--01003--014 **1090.00

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

Date 06/05/06

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
PSD	PABLO RENDON	1211 HARDEE ROAD	CORAL GABLES, FL 33146
VTD	RANDY RENDON	1211 HARDEE ROAD	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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS ADMINISTRATOR FACT

Date

06/05/06

Daytime Phone #

305-444-5885