

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO8500107704

1. Corporation Name

Cadore Moda, Inc.

W-29970

FILED

01 JAN 25 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

8011 NW 14 Street
Miami, FL 33126

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

09-2001

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/1998

5. FEI Number

65-0885934

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D	Isturiz, Fernando	1500 San Remo #177	Coral Gables, FL 33146
D	Diaz, Paul	8011 NW 14 Street	Miami, FL 33126
D	Bared, Pablo	1500 San Remo #177	Coral Gables, FL 33146
			700003655587--1 -02/07/01--01028--001
			*****8.75 *****8.75
			700003655587--1 -02/07/01--01028--002
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

Bared and Assoc PA
1500 San Remo Ave #177
Coral Gables, FL 33146

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number)

Suite, Apt. #, Etc.

City

State

Zip Code

700003655587--1
-02/07/01--01028--003
****300.00 ****300.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/6/00

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/6/00 3056666010 **KE**

CR2E08: (12/98)