

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 19 PM 5:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000055756

1. Corporation Name

LOS COCOS LAND CORPORATION

2. Principal Office Address

3851 N.W. 125TH STREET

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

Zip

33054

Country

USA

3. Mailing Office Address

3851 N.W. 125TH STREET

Suite, Apt. #, etc.

City & State

OPA LOCKA, FLORIDA

Zip

33054

Country

USA

REINSTATEMENT 0105

4. Date Incorporated or Qualified

To Do Business in Florida 06-18-1999

5. FEI Number

65-0934437

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

ROZENCWAIG & FERRERO-CARR

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

301 W. HALLANDALE BEACH BOULEVARD

Suite, Apt. #, Etc.

City

HALLANDALE BEACH

State

FL

Zip Code

33009

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 1/12/05

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
P/V	ROLANDO MAYTIN	3851 N.W. 125th STREET	OPA LOCKA, FLORIDA 33054
S/T	ROLANDO JORGE MAYTIN	3851 N.W. 125th STREET	OPA LOCKA, FLORIDA 33054

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/05

Date

Daytime Phone #