

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED

01 NOV -5 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061522

1. Corporation Name

COBGAZ ENTERPRISES, INC.

2. Principal Office Address

9965 MIRAMAR PARKWAY

Suite, Apt. #, etc.

285

City & State

MIRAMAR

Zip

33025

Country

USA

3. Mailing Office Address

9965 MIRAMAR PARKWAY

Suite, Apt. #, etc.

285

City & State

MIRAMAR, FL

Zip

33025

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEJ Number

65-1146839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

09/17/01 90148030 \$550.00

7. Name and Address of Current Registered Agent

Name

CLINTON M. CORDER

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

8730 N. SHERMAN CIR #2-207

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33025

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date

10/23/01

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

| Titles      | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director  | City / State / Zip       |
|-------------|--------------------------------------|--|--------------------------|
| <u>DIR</u>  | <u>CLINTON CORDER</u>                | <u>8730 N. SHERMAN CIR<br/>#2-207, MIRAMAR, FL</u> | <u>33025</u>             |
| <u>PRES</u> | <u>CLAUCE CORDER</u>                 | <u>8730 N. SHERMAN CIR</u>                         | <u>MIRAMAR, FL 33025</u> |
|             |                                      |  |                          |
|             |                                      |  |                          |
|             |                                      |  |                          |
|             |                                      |  |                          |
|             |                                      |  |                          |
|             |                                      |  |                          |

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/01

Daytime Phone #

934-964-1140