

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S75885**

1. Corporation Name
CO-JAC INTERNATIONAL, INC.

Principal Place of Business
% CHRISTOS ZAHARAS, JR.
6303 BLUE LAGOON DR #310
MIAMI FL 33126

Mailing Address
% CHRISTOS ZAHARAS, JR.
PO BOX 521834
MIAMI FL 33152



FILED
97 NOV 24 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. New Principal Office Address, If Applicable

2801 NW 74 Ave

Suite, Apt. #, etc.

209

City & State
MIAMI FL

Zip **33122** Country **USA**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/1991

5. FEI Number

65-0283529

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ZAHARAS, CHRISTOS, JR.	6303 BLUE LAGOON DR #310 2801 NW 74 Ave #209	MIAMI FL 33122
S	ZAHARAS, OFELIA	6303 BLUE LAGOON DR #310 2801 NW 74 Ave #209	MIAMI FL 33122
			300002361299--0 -12/02/97--01069--018 *****758.75 *****758.75

8. Name and Address of Current Registered Agent

ZAHARAS, CHRISTOS JR
6303 BLUE LAGOON DR #310
MIAMI FL 33126

9. Name and Address of New Registered Agent

Name **CHRISTOS ZAHARAS JR.**
Street Address (P.O. Box Number is Not Acceptable)
2801 NW 74 Ave
Suite, Apt. #, Etc.
209
City **MIAMI** State **FL** Zip Code **33122**

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 **11/20/97**

11. This corporation owes or has paid 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

CHRISTOS ZAHARAS JR.

11/20/97

Date

305-477-0800

Daytime Phone #