

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

00 DEC 18 AM 11:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

*CORA LIMITED COMPANY*

*200420*

**REINSTATEMENT** *2000*

**2. Principal Office Address**

*1190 STirling Road*

Suite, Apt. #, etc.

**3. Mailing Office Address**

*P.O. Box 396*

Suite, Apt. #, etc.

**City & State**

*DAWA, FL*

**City & State**

*DAWA, FL*

**Zip**

*33004*

**Country**

*Broward*

**Zip**

*33004*

**Country**

*Broward*

**4. State/Country of Formation**

*Florida / Broward*

**5. Date Organized or Qualified  
To Do Business in Florida**

*7-30-91*

**6. FEI Number**

*65-0287483*

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

**\$5.00 Additional Fee required  
for a Certificate of Status**

**8. Name and Address of Current Registered Agent**

**Name**

*Jacques Gallet*

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

*1190 Stirling Road*

**Suite, Apt. #, Etc.**

**City**

*Dawa*

*Registered Agent HAS NOT  
Changed - Same AS IN PREVIOUS  
REPORTS*

**State**

*FL*

**Zip Code**

*33004*

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

**Signature of**

**Registered Agent**

*Jacques Gallet*

REGISTERED AGENT MUST SIGN

Date

*12/14/00*

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MANAGER</i>	<i>JACQUES GALLET</i>	<i>1190 Stirling Road</i>	<i>DAWA, FL 33004</i>

**800003510943-6**  
**-12/21/00--01093--019**  
**\*\*\*\*150.00 \*\*\*\*150.00**

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*JACQUES A. GALLET*

Date

Daytime Phone #

*954-920-7445*

Typed or printed name of signing Managing Member/Manager

*Registered Agent Jacques Gallet*

CR2E041 (8/99)