

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN 16 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000043139

1. Corporation Name

Raymond Copell, P.A.

2. Principal Office Address - No P.O. Box #

5101 NW 21 Avenue

Suite, Apt. #, etc.

Suite 300

City & State

Fort Lauderdale, FL

Zip

33309

Country

3. Mailing Office Address

1910 NW 34 Avenue

Suite, Apt. #, etc.

City & State

Coconut Creek, FL

Zip

33066

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/13/98

5. FEI Number
65-0838498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

000140989410
REINSTATEMENT
01/15/09 - 01/27/09
01/28/09 - 01/30/09
02/01/09 - 02/03/09
**450.00
07-09

7. Name and Address of Current Registered Agent

Name

Raymond Copell

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

1910 NW 34 Avenue

Suite, Apt. #, Etc.

City

Coconut Creek, FL

State

FL

Zip Code

33066

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

1/14/09

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/T/S	Raymond Copell	1910 NW 34 Avenue	Coconut Creek, FL 33066

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 contained in Chapter 119, 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:

Raymond Copell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/09

Daytime Phone #

754-224-3121

1122