

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 18 PM 12:27

DOCUMENT # 677389

1. Corporation Name

JAMES M. COOPER, M.D., P.A.

2. Principal Office Address

1411 N. Flagler Drive

Suite, Apt. #, etc.

Suite #4900

City & State

West Palm Beach, Florida

Zip

33401

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 95-01

4. Date Incorporated or Qualified To Do Business in Florida

7/02/1980

5. FEI Number

59-2009213

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

James M. Cooper, M.D., P.A.

400004658494--8

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

1411 N. Flagler Drive

-10/30/01--01014--015

***1808.75 ***1808.75

Suite, Apt. #, Etc.

Suite 4900

City

West Palm Beach,

State

FL

Zip Code

33401

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

James M. Cooper, M.D.
REGISTERED AGENT MUST SIGN

Date Oct 11, 2001

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
D P/S/T	James M. Cooper, M.D.	4301 Magnolia Drive	Palm Beach Gardens, FL 33418

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)(f), 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:

James M. Cooper, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/11/01

Date

561-833-1683

Daytime Phone #

JAMES M. COOPER, M.D.

CR2881 (9/00)