

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851541

1. Corporation Name

M. COHEN AND SONS, INC.

Principal Place of Business

400 REED ROAD
BROOMALL PA 19008

Mailing Address

400 REED ROAD
BROOMALL PA 19008

03 DEC -2 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/1982

5. FEI Number

23-1660294

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	COHEN, PHILIP	256 WILTSHIRE RD.	PHILADELPHIA PA 19096
V	COHEN, RONALD	204 LYNBERGH AVE.	BROOMALL PA 19008
ST	COHEN, HOWARD	107 FARVIEW RD	PENN VALLEY PA 19072
			000024573720 11/10/03--01114--005 **150.00
			000024573720 12/02/03--01060--021 **150.00

8. Name and Address of Current Registered Agent

COHEN, BRUCE L.
THE IRON SHOP
6556 SUPERIOR AVE
SARASOTA FL 34231

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Signature of Bruce L. Cohen
REGISTERED AGENT MUST SIGN

Date

NOV 6 03

11. 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 of Howard Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

NOV 5 2003

Daytime Phone #

610 544 7100

CR2E040 (8/02)

the IRON SHOP



by M. COHEN and SONS Inc.
400 Reed Road P.O. Box 547
Broomall, Pa. 19008

610-544-7100
(Fax) 610-544-7297
(Toll Free) 1-800-523-7427

November 1, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Enclosed is our Application For Reinstatement which we received today. We have reviewed our records and we did not receive the two prior uniform business report notices mentioned in your instructions and we ask that you waive the reinstatement fee.

Our remittance in the amount of \$150.00 is attached. Thank you for your assistance in resolving this matter.

Very truly yours,

Howard Cohen

Treasurer