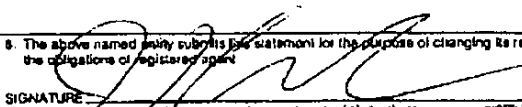


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08 JAN -3 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2008 FOR PROFIT CORPORATION
REINSTATEMENT**

DOCUMENT # F04000004164			
1. Entity Name SUSAN M. COOKE, P.C.			
Principal Place of Business 28 STATE STREET BOSTON, MA 02109-1775		Mailing Address 28 STATE STREET BOSTON, MA 02109-1775	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 04-3205413		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
Name COLEMAN, IRA J 281 S. BISCAYNE BLVD., 22ND FLOOR MIAMI, FL 33131-4336		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE  Signature of person named in report and who is applying (NOTE: Registered Agent's signature required when reinstating)		DATE 1/2/08	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST COOKE, SUSAN M 28 STATE STREET BOSTON, MA 021091775 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  President 1/2/08		617-535-4012	

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Florida Department of State
Division of Corporations
Public Access System

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((H080000013113)))



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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

** Please Waive Penalty **
** 2007 AR Form NOT RECEIVED **

000177.79236

CORPORATION REINSTATEMENT

SUSAN M. COOKE, P.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

\$300