

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY -1 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F73004

1. Corporation Name

COB SYSTEM DESIGNS, INC.

2. Principal Office Address

1016 N. Clemons Street

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33477-3303

Country

USA

3. Mailing Office Address

1016 N. Clemons Street

Suite, Apt. #, etc.

City & State

Jupiter, FL

Zip

33477-3303

Country

USA

REINSTATEMENT

95-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

3/22/82

5. FEI Number

59-2179353

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

STEPHAN C. MACKIE

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

1016 N. Clemons Street

Suite, Apt. #, Etc.

City

Jupiter,

State

FL

Zip Code

33477-3303

300003251203-7

-05/12/00--01119--009

***1500.00 ***1500.00

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

Stephan C Mackie

REGISTERED AGENT MUST SIGN

Date 4/20/00

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	STEPHAN C. MACKIE	1016 N. Clemons Street	Jupiter, FL 33477-3303
D	RANDY WALLIN	1016 N. Clemons Street	Jupiter, FL 33477-3303
			SP

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)(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:

Stephan C Mackie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

Date

9835
561-744-9641

Daytime Phone #

CR2E081 (9/99)