PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
₹ FOR
RÉINSTATEMEN'



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	$\overline{}$	$\sim$ 1				B 17	
11	11	( I	- 11	١/	-	N	Γ#
L	v	ン	<i>-</i>	v	_		. 77

F95832

1. Corporation Name

COBEN, INC.

Mailing Address

5804 TYLER STREET HOLLYWOOD FL 33021

Principal Place of Business

5804 TYLER STREET HOLLYWOOD FL 33021

FILED 00 DEC -6 AM 9:22 SECRETARY OF STATE TALLAHASSEE FLORIDA



If above addresses ar	re incorrect in any way, line t	hrough incorrect information	on and enter correction below.	LIND IVIEWE		
2. New Principal Office Address, If Applicable		3. New Mailing Office	e Address, If Applicable	Date Incorporated or Qualified     To Do Business in Florida	08/31/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	Applied For	
City & State		City & State		13-3310121	Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	

7 1	and Ohney Address on a Frank Officer and for Direct	ctor (Florida nonprofit corporations must list at least 3 direc	tors)
7. Names Title(s)	Name of Officers and/or Direct and/or Direct and/or Direct and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	COHEN, BEN	5804 TYLER STREET	HOLLYWOOD FL
٧	COHEN, PIERRETTE	5804 TYLER STREET	HOLLYWOOD FL
S	COHEN, PHILLIP	5804 TYLER STREET	HOLLYWOOD FL
٧	COHEN, HELENE	5804 TYLER STREET	HOLLYWOOD FL
			7000035059479 -12/19/0001064018 ****750.00 ****750.00

9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name DEAN, BETTY Y. Street Address (P.O. Box Number is Not Acceptable) 5802 TYLLER STREET Suite, Apt. #, Etc. HOLLYWOOD FL 33021 State Zip Code

with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIZE

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 filling 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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BEN COHEN

0022768