PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT 26 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000808

1. Corporation Name

Cooper Insurance & Associates, Inc.

2. Principal Office Address	3. Mailing Office Address
810 Rock Quarry Road	P O Box 1350
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Stockbridge, GA	City & State: Stockbridge, GA
Zip: 30281 Country: USA	Zip: 30281 Country: USA

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CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 02/13/1997

5. FEI Number 58-1836608 ☐ 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: Incorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 17888 67th Court North

Suite, Apt. #, Etc.:

City: Loxahatchee State: FL Zip Code: 33470

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: Amber Wornica, on behalf of Incorp Services, Inc. Date: October 17, 2006

REGISTERED AGENT MUST SIGN

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
President	Charles E. Cooper	2012 Town Square Drive	McDonough, GA 30253
Vice President	Glenda F. Cooper	317 Highgrove Drive	Zebulon, GA 30295

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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 contained in Chapter 119, 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: Charles E Cooper 10/17/2006 (770)389-0089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #