

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

DOCUMENT # **G82039**

1. Corporation Name

**COURPEC INC.**

00 OCT 18 PM 4:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

1419 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020

Mailing Address

1419 SOUTH FEDERAL HIGHWAY  
HOLLYWOOD FL 33020



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/29/1983

5. FEI Number

59-2349204

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	GAUTHIER, GERALD	1419 S. FED. HIGHWAY	HOLLYWOOD FL
ST	GAUTHIER, CLAIRE	1419 S. FED. HIGHWAY	HOLLYWOOD FL

000003446980--9

-11/01/00--01055--009

\*\*\*750.00 \*\*\*750.00

REINSTATEMENT

6000

8. Name and Address of Current Registered Agent

GAUTHIER, GERALD  
1419 S FED HWY  
HOLLYWOOD FL 33020

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.

Signature of  
Registered Agent

*Gerald Gauthier*  
REGISTERED AGENT MUST SIGN

Date

10/15/00

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:

*Gerald Gauthier*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/00

CR2E040 (8/00)