PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT
2002 UBR

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

FILED
02 JUN 4 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G82039

1. Corporation Name
COURPEC. INC.

2. Principal Office Address	3. Mailing Office Address
1419 SOUTH FEDERAL HWAY	1419 S. FEDERAL HWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FLA	City & State: HOLLYWOOD FLA
Zip: 33020 Country: USA	Zip: 33020 Country: USA

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 Certified Copy

7. Name and Address of Current Registered Agent

Name: GAUTHIER GERALD

Street Address (P.O. Box Number is Not Acceptable): 1419 S. FEDERAL HWAY

Suite, Apt. #, Etc.

City: HOLLYWOOD FL.

State: FL Zip Code: 33020

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****550.00 ****550.00

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: Gerald Gauthier
REGISTERED AGENT MUST SIGN

Date: 5-31-2002

DR2554 (3/01)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OWNER	GERALD GAUTHIER	1419 S. FEDERAL HWAY	HOLLYWOOD FL. 33020
			02 UBR TS

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

5/31/2002
Date

Daytime Phone #