


11/13/01 08:55 FAX 2037858127

BERGMAN HOROWITZ

003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # J63297

1. Corporation Name

Cohen Systems, Inc.

2. Principal Office Address 14501 Walsingham Road. Suite, Apt. #, etc.		3. Mailing Office Address 87 Grandview Avenue Suite, Apt. #, etc.	
City & State Largo, FL		City & State Waterbury, CT	
Zip 33774	Country US	Zip 06708	Country US

REINSTATEMENT

2001

4. Date Incorporated or Qualified To Do Business in Florida 3/20/87	
5. FEI Number 11-2861320	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name CT Corporation System		100004696341--8	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		-11/28/01--01016--003	
Suite, Apt. #, Etc.		*****8.75 ***8.75	
City Plantation	State FL	Zip Code 33324	

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*Connie Britton*CONNIE BRITTON
SPECIAL ASSISTANT SECRETARY

Date 11/14/01

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
Pres.	Dean Yimoyines, Chair	87 Grandview Avenue	Waterbury, CT 06708
Dir.	William Blaskiewicz, CFO	87 Grandview Avenue	Waterbury, CT 06708
VP			
Sec.			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 11/13/01 (203) 5596-2236

Date

Daytime Phone #