

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 DEC 17 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # JL46UB

1. Corporation Name

COPPOLA IV INC
D/B/A CHENZO & CO

Principal Place of Business

Mailing Address

5250 TOWN CENTER CIRCLE
SUITE 123
BOCA RATON FL 33486 SAME

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

4. Date Incorporated or Qualified To Do Business in Florida

JAN 17 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2799741

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<u>PRES</u>	<u>VINCENT BALSAMO</u>	<u>3010 NE 46 ST</u>	<u>LIGHTHOUSE PT FL 33064</u>
			<u>400002720964--8</u>
			<u>-12/23/98--01062--016</u>
			<u>****758.75 ****758.75</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VINCENT BALSAMO
5250 TOWN CENTER CIRCLE
SUITE 123
BOCA RATON FL 33486

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

Vino Balsamo

REGISTERED AGENT MUST SIGN

Date

12/18/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes

No

(See other side for information on Intangible Tax.)

12. 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)(f), 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:

Vino Balsamo

VINCENT BALSAMO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/98

Date

561-392-1171

Daytime Phone #

CR2040 (1/88)