PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FOR REINSTATEMENT					A DEPARTMENT OF STATE Katherine Harris Secretary of State IVISION OF CORPORATIONS				Stuke TARY OF STAT VISION OF CORPORATI	į.	
DOCUMENT # J86933 1. Corporation Name							OI OCT 26 PM 2: 16				
COOPER CAREER INSTITUTE, INC.									·		
Principal Place of Business Mailing Addre						ess					
2247 PALM BEACH LAKES BLVD 129 N WITC WEST PALM BEACH FL 33409 VA BEACH 1 US					···						
الموند ا								E		(52 A))	
	ncipal Office			New Mailing Office Address, If Application			1. Date incorporated or Qualified L. VV II. J. VV III. J. V				
Suite, Apt. #, etc. Suite, Apt. #,					etc.			00/04/1987			
				City & State	City & State			5. FEI Number Applied For Not Applicable			
Zip	Zip Country		Zip		Country	try 6. CERTIFICA		OF STATUS DESIRED S8.75 Action and for a Control	dditional Fee required Certificate of Status		
7. Names a	and Street Ad			r Director (Flor	ida nonprof		tions must list at lea				
Title(s) Name of Officers and/or Directors 2					Street Address of Eac Officer and/or Director						
PCEO JAAP, JOSEPH					1027-GATES AVE 523 Fairfa				NORFOLD VA , 23507 NORFOLK		
VD FINE, MORRIS					2101 PARKS AVE				VIRGINIA BEACH VA 23451		
SD	SD FINE, ANDREW					2101 PARKS AVE			VIRGINIA BEACH VA 23451		
								3000046779531			
						I	****750.00 ** \ \ /	**750.00			
								# 1 W/3			
8. Name and Address of Current Registered Agent								9. Name and Address of New Registered Agent			
Street Address (P.C								nor Saris O. Box Number is Not Acceptable) Palm Beach Lakes Blvd			
110 WEST PALM BEACH FL 33409								2110		5	
WEST	FAUN DEAL						City West	Palmi	3 each FL 3	33409	
10. I, being	appointed the	registered age	ent of the above	e named corpo	ation, am fa	amiliar wit	h and accept the ot	oligations of Section	on 607.0505, F.S.		
Signature of Registered A	Agent	leana	DI M	UV. TI	INT MUST		IRED		Date 10/19/01		
this reins owed by	statement app the corporati	ilication, the rea on have been p	r or the receive son for dissolution	er or trustee em ition has been e mes of individu	powered to eliminated, als listed o	the corpor n this form	rate name satisfies	the requirements an exemption und	pter 607 or 617, F.S. I further certif of section 607.0401 or 617.0401, F ler section 119.07(3)(i), F.S. The in	.S., that all fees	

10/17/01 757-519-9500 Date Daylime Phone #

SIGNATURE: SIGNATARE