

CAPITAL CONNECTION

850 222 1222

02/04 '00 16:17 NO. 17 AND 02/08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

00 FEB 28 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

09-00

DOCUMENT # K50338

1. Corporation Name

MARK A. COHEN, P.A.

2. Principal Office Address

1221 BRICKELL AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

1221 BRICKELL AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

165-0112308

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

See instructions for completion of this certificate of status.

REINSTATEMENT 09-00

SP

7. Name and Address of Current Registered Agent

Name

MARK A. COHEN

Street Address (P.O. Box Number is Not Acceptable)

1221 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of
Registered Agent

Mark A. Cohen

Date

2/24/00

REGISTERED AGENT MUST SIGN

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
VP	MARK A. COHEN	1221 BRICKELL AVENUE	MIAMI, FL 33131

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-02/29/00--01002--008
900.00

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 807 or 817, P.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 807.0401 or 817.0401, 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)(b), 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

Mark A. Cohen, Pres. 2/24/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

305-395-8171

Daytime Phone #