

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -3 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500139046565
12/16/08--01016--009 **3150.00

DOCUMENT # **M60603**

1. Corporation Name
COPACAN, INC.

W08-51375

2. Principal Office Address - No P.O. Box #
1000 SOUTH POINT DRIVE
Suite, Apt. #, etc.

3. Mailing Office Address
1000 SOUTH POINT DRIVE
Suite, Apt. #, etc.

City & State
MIAMI BEACH, FLORIDA

City & State
MIAMI BEACH, FLORIDA

Zip Country
33139 DADE

Zip Country
33139 DADE

4. Date Incorporated or Qualified
To Do Business in Florida **10/9/1987**

5. FEI Number ☐ Applied For
☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
ROBERT ESCANESY

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

Suite, Apt. #, Etc.
SUITE # 1911

City
MIAMI BEACH

State Zip Code
FL 33139

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date **Nov 7, 2008**

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
P	ESCANESY, ROBERT PASCAL	1000 SOUTH POINT DRIVE	MIAMI BEACH, FL 33139

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 contained in Chapter 119, 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

Nov 7, 2008

Date

305 444.5002

Daytime Phone #

DEC 3 - 2008

SC 11/24