

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 AUG 31 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000003782

1. Corporation Name

C.O.P.E.S., INC. AT LIFELINE

2. Principal Office Address - No P.O. Box #

6550 GRIFFIN ROAD

3. Mailing Office Address

6550 GRIFFIN ROAD

Suite, Apt. #, etc.

SUITE 104

Suite, Apt. #, etc.

SUITE 104

City & State

DAVIE FL

City & State

DAVIE FL

Zip

33314

Country

USA

Zip

33314

Country

USA

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

06/01/2000

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
MS. ROBIN SINGER

Street Address (P.O. Box Number is Not Acceptable)
6550 GRIFFIN ROAD

Suite, Apt. #, Etc.
SUITE 104

City
DAVIE

State
FL

Zip Code
33314

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date **08/29/07**

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
PD	MS. ROBIN SINGER	6550 GRIFFIN ROAD SUITE 104	DAVIE FL 33314
VD	SANDRA J. STICOO	6550 GRIFFIN ROAD SUITE 104	DAVIE FL 33314
STD	SILVA GUARDINA	6550 GRIFFIN ROAD SUITE 104	DAVIE FL 33314

REINSTATEMENT
RH

08-09

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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

08/29/07

Date

Daytime Phone #