

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -5 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N01000007876**

1. Corporation Name

Cockers N' More, Inc

REINSTATEMENT 03-04

500031763155

04/05/04--01007--001 **297.50

2. Principal Office Address

10210 NW 48th Ct

3. Mailing Office Address

10210 NW 48th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33076

Country

US

Zip

33076

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/2001

5. FEI Number

65-1150178

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

Heidi Seifert

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

129 Puffin Court

Suite, Apt. #, Etc.

City

Royal Palm Beach

State
FL

Zip Code

33411

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

Heidi Seifert

Date

3-31-04

REGISTERED AGENT MUST SIGN

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
VD	Mona Vatne	10210 NW 48th Ct	Coral Springs FL 33076
SD	Barbara Bettencourt	10210 NW 48th Ct	Coral Springs FL 33076

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 under section 119.07(3)(i), 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:

Mona Vatne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-04 561-818-3299

Date

Daytime Phone #

CR2E081 (01/04)