

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB 24 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000002015

1. Corporation Name

COMPREHENSIVE OUTREACH PROGRAMS, INC. COPI

900029256689
02/23/04--01074--022 **122.50

REINSTATEMENT 03-04

2. Principal Office Address
540 NW 47 Terrace

3. Mailing Office Address
540 NW 47 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33127

Country
Dade

Zip
33127

Country
Dade

4. Date Incorporated or Qualified
To Do Business in Florida 4/7/97

5. FEI Number
650757963

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
Marye V. Johnson

Street Address (P.O. Box Number is Not Acceptable)
540 NW 47 Terrace

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33127

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

Marye Johnson
REGISTERED AGENT MUST SIGN

Date 2/12/04

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
Pres	Marye V. Johnson	540 NW 47 Terrace	Miami, FL 33127
VP	Samuel Fernandez	19720 NW 44 PLace	Miami, FL 33055
Treas	Emily Johnson	540 NW 47 Terrace	Miami, FL 33127
Sec	Millicent Thompson	540 NW 47 Terrace	Miami, FL 33127
Direc	Ernest Fernandez	834 Riverside Drive #2-C	NY, NY 10032
Direc	Daniel Thorn	2 Riverside Drive #2-D	NY, NY 10025

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:

Marye Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/04

Date

786556-1244
Daytime Phone #

CR2E081 (01/04)