

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 3:15

DOCUMENT # **N98000007049**

1. Corporation Name

COACH INC. OF BROWARD COUNTY

Principal Place of Business

2316 N.W. 55TH WAY
LAUDERHILL FL 33313

Mailing Address

2316 N.W. 55TH WAY
LAUDERHILL FL 33313



REINSTATEMENT 08

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
2021 N.W. 46th Avenue

Suite, Apt. #, etc.
C-203

City & State
Lauderhill, Florida

Zip Country
33313 U.S.A.

3. New Mailing Office Address, If Applicable
2021 N.W. 46th Avenue

Suite, Apt. #, etc.
C-203

City & State
Lauderhill, Florida

Zip Country
33313 U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

12/11/1998

5. FEI Number

65-0893696

Applied For

Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	BUTLER, BARBARA V	2316 N.W. 55TH WAY	LAUDERHILL FL 33313
DVP	COACH, CLIFFORD L	2316 N.W. 55TH WAY	LAUDERHILL FL 33313
DS	NORRIS, ALIYA	2225 N.W. 59TH WAY	LAUDERHILL FL 33313
T	COACH, CLIFTON L	3278 NW 13 ST	FORT LAUDERDALE FL 33311

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****236.25 ****236.25

8. Name and Address of Current Registered Agent

BUTLER, BARBARA V
2316 N.W. 55TH WAY
LAUDERHILL FL 33313

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Barbara V Butler

REGISTERED AGENT MUST SIGN

Date **10/20/00**

11. 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:

Barbara V Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/20/00 **(954) 467-4736**

Date

Daytime Phone #

CR2EM40 (8/00)