

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 21 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P00000000632

Corporation Name

COEN FOWLER SQUARE PLAZA, INC.

000012959550
02/21/03--01051--005 **1050.00

REINSTATEMENT 01-03

2. Principal Office Address

11030 GULFSHORE DRIVE

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 1201

City & State

NAPLES, FL

City & State

Zip

34108

Country

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

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 C. HILL, JR., ESQUIRE

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

2431 FIRST STREET

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33901

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

Robert C. Hill
REGISTERED AGENT MUST SIGN

Date

2/18/03

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
D, P	COEN, SOPHIA P.	4500 Rex Lake Drive	Akron, OH 44139

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:

Sophia P Coen MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-23-02 (330) 825-2441

Daytime Phone #

2/24