

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 24 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

00000101411

1. Corporation Name

COOPER CONSULTANTS, INC.

REINSTATEMENT 03

100024081431  
10/24/03--01023--002 \*\*150.00

2. Principal Office Address

511 NE 94th ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Bldg #2

Suite, Apt. #, etc.

City & State

MIAMI SHORES, FL

City & State

Zip

33138

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0891582

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

STUART COOPER

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

511 NE 94th ST.

Suite, Apt. #, Etc.

MIAMI SHORES FL 33138

City

State

FL

Zip Code

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

*Stuart Cooper*

Date

10/22/03

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip    |
|--------|--------------------------------------|---|-----------------------|
| PSTO   | STUART COOPER                        | 511 NE 94th ST.                                   | MIAMI SHORES FL 33138 |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |
|        |                                      |   |                       |

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:

*Stuart Cooper*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-22-03 3057883738

71 10/25

**Cooper Consultants, Inc.**  
**Stuart D. Cooper, CPA**  
**511 N.E. 94<sup>th</sup> Street**  
**Miami Shores, Florida 33138**  
**305-758-3738**  
**305-759-2444 Fax**  
**stuart@stuartcooper.com**

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida 32314

Re: Pooooo101411 95-0891582

Gentlemen:

Please waive the reinstatement fee since I never received the required form.

Thank You, in advance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Stuart Cooper', with a long horizontal flourish extending to the right.

Stuart Cooper