

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION
FOR
REINSTATEMENT



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

FILED

01 NOV 13 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000113769

1. Corporation Name

DAVID F. COTTLER, INC.

Principal Place of Business

21075 N.E. 34TH AVENUE, #102
AVENTURA FL 33180

Mailing Address

21075 N.E. 34TH AVENUE, #102
AVENTURA FL 33180



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

2. Now Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. Now Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2000

5. FEI Number

65-1061271

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PSD	COTTLER, DAVID F	21075 N.E. 34TH AVENUE, #102	AVENTURA FL 33180

300004705213--6

12/05/01 01000 000

***150.00 ***150.00

SP

8. Name and Address of Current Registered Agent

COTTLER, DAVID F
21075 N.E. 34TH AVENUE, #102
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

FL

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

David F. Cottler

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



Burton & Company, P.A.

Certified Public Accountants

292

November 05, 2001

Division of Corporations
Uniform Business Reports Filings
Tallahassee, FL 32302

RE: David F. Cottler, Inc
Document Number P00000113769

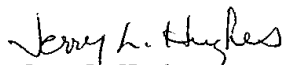
Enclosed, please find our client's application for reinstatement as a Florida corporation. Our client, David F. Cottler, Inc, has requested that we correspond with you regarding their reinstatement.

David F. Cottler, Inc incorporated 12/07/00 and was unaware that a Uniform Business Report would have been due so soon into the new year. Mr. Cottler was also caring for his terminally ill mother during this time. This delinquency happened inadvertently and shouldn't happen again.

We respectfully request that you reinstate David F. Cottler, Inc as a Florida corporation and please accept the check payable to you in the amount of \$150.00 representing this year's fee.

Thank you very much for your cooperation.

Sincerely,


Jerry L. Hughes
Staff Accountant

Encl.

cc: David F. Cottler, Inc