PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN 27 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000015866

1. Corporation Name

JILL FISHER COPE, P.A.

800067020078
03/03/06--01025--003 **450.00

REINSTATEMENT 04-06

2. Principal Office Address	3. Mailing Office Address
1188 Mandalay Pt.	1188 Mandalay Pt.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, Florida	City & State: Clearwater, Florida
Zip: 33767 Country: US	Zip: 33767 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 02/10/2003

5. FEI Number: ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jill Fisher Cope, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1188 Mandalay Pt.

Suite, Apt. #, Etc.:

City: Clearwater State: FL Zip Code: 33767

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: _____ Date: 1/24/06
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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S,T,D	Jill Fisher Cope	1188 Mandalay Pt.	Clearwater, Florida, 33767

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 contained in Chapter 119, 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: _____ Jill Fisher Cope 1/24/06 727-443-5756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Jill Fisher Cope, P.A.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. $450 check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2004, 2005, 2006

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: Jill Fisher Cope

Name: Jill Fisher Cope, Esq.
Title: President
Date: 1/24/06