

PS 182

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
06 FEB 13 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800066370138  
02/22/06--01020--002 \*\*458.75

REINSTATEMENT 04-06  
T. Roberts FEB 17 2006

CR2E081 (12/05)

DOCUMENT # P03000080624

**1. Corporation Name**

Cooper BUS TOURS, Inc.

**2. Principal Office Address**

3260 HWY 441 S

Suite, Apt. #, etc.

Box # 211

City & State

Okeechobee

Zip

34974

Country

USA

**3. Mailing Office Address**

11021 NW 14th Ave

Suite, Apt. #, etc.

City & State

Miami

Zip

33167

Country

USA

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

7/23/2003

**5. FEI Number**

54-2119414

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

William Cooper.

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

3260 HWY 441 S. Box # 211

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34974

**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

See below

Date

2/10/06

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
PD	William Cooper	3260 HWY 441 S Box # 211 Okeechobee FL 34974	
VS	Cassandra Cooper	3260 HWY 441 S. Box # 211 Okeechobee FL 34974	
T	Hattie J. Cooper	3260 HWY 441 S. Box # 211 Okeechobee FL 34974	

**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:

*William Cooper*

William Cooper.

Date

2/10/06

Daytime Phone #

(786) 584-3468

PS 2 of 2

Attn: Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301


February 10, 2006

According to the instructions given by your telephone representative, I am filing the reinstatement form with this attachment to explain that the corporation did not receive the filing notice for 2004.

I am also sending a check in the amount of \$458.75

- a) \$450.00 filling fees
- b) \$ 8.75 Certificate of Status

Sincerely,

  
\_\_\_\_\_  
William Cooper  
President