


2006 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---|--|---|--|
| DOCUMENT # P04000160704 1. Entity Name COPCORP, INC. | | | |  | |
| Principal Place of Business 501 N. BENEVA ROAD SARASOTA, FL 34232 US | | | Mailing Address 3004 BAHIA VISTA SARASOTA, FL 34239 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 501 N. BENEVA ROAD | | | |
| City & State | | City & State SARASOTA, FL | | | |
| Zip 34232 | Country | Zip 34232 | Country | 4. FEI Number 20-1953498 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PALMER, BRIAN 2937 BEE RIDGE ROAD SUITE 2 SARASOTA, FL 34239 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Brian Palmer, CPA</i></u> DATE <u>1/10/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$300.00 | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P <input type="checkbox"/> Delete SCHNECK, AARON 3004 BAHIA VISTA SARASOTA, FL 34239 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400065286464 02/06/06--01057--004 ***300.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 688865110206 02/02/06--01042 004 ***300.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Brian Palmer, CPA</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>1/10/06</u> Daytime Phone # <u>(941) 922-4744</u> | | |

06 JAN 12 10
SEC. OF STATE
FILED



01102006 REIN-P CR2E098 (11/05)

B 1/19/04
STATEMENT