

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000123397

FILED
Oct 07, 2011
Secretary of State

Entity Name: COUPE AND ASSOCIATES,INC

Current Principal Place of Business:

16629 86TH ST NORTH
LOXAHATCHEE, FL 33470

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1515
LOXAHATCHEE, FL 33470

New Mailing Address:

FEI Number: 13-4342985

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COUPE, MICHAEL R
16629 86TH ST NORTH
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: AMANDA COUPE

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT
Name: COUPE, MICHAEL R
Address: 16629 86TH ST NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VPS
Name: COUPE, AMANDA M
Address: 16629 86TH ST NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AMANDA COUPE

Electronic Signature of Signing Officer or Director

VP

10/07/2011

Date