

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM.

**CORPORATION
REINSTATEMENT**



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

02 FEB 13 PM 12:10

DOCUMENT # P3000063466

1. Corporation Name

COHADE REALTY, INC.

REINSTATEMENT

01-02

2. Principal Office Address

2720 E. Oakland Pk Blvd

Suite, Apt. #, etc.

106

City & State

Fort Lauderdale, Fl.

Zip

33306

Country

USA

3. Mailing Office Address

3250 Oleander Way

Suite, Apt. #, etc.

City & State

Laud. By The Sea, Fl.

Zip

33062

Country

USA

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

09/13/1993

5. FEI Number

65-0440293

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

Cohade, Jean

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

3250 Oleander Way

Suite, Apt. #, Etc.

City

Lauderdale by the sea

State

FL

Zip Code

33306

100004960641--0

-02/20/02-01047-018

***900.00 ***900.00

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

REGISTERED AGENT MUST SIGN

Date

2/8/02

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
PTS	Cohade, Jean	3250 Oleander way	Lauderdale By The Sea Fl. 33062

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 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 #

2/8/02 (954) 942 7321

CR2E081 (9/01)