

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 24 PM 3:45

CORPORATION REINSTATEMENT



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

DOCUMENT # *93000070777*

1. Corporation Name
COPPOLA INDUSTRIES, INC.

2. Principal Office Address
6450 VIA TIERRA DRIVE

3. Mailing Office Address
6450 VIA TIERRA DR.

Suite, Apt. #, etc.

City & State
BOCA RATON, FL.

Zip Country
33434 PALM BEACH

REINSTATEMENT *00-01*

4. Date Incorporated or Qualified To Do Business in Florida
9/17/1993

5. FEI Number
65-0443095

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Joseph F. PAPA

Street Address (P.O. Box Number is Not Acceptable)
1300 N. FEDERAL HIGHWAY

Suite, Apt. #, Etc.
STE 107

City
BOCA RATON

State Zip Code
FL 33432

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
Joseph F. Papa

REGISTERED AGENT MUST SIGN

Date
5/22/01

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 |
|-----------|-----------------------------------|--|---------------------------------------|
| <i>PO</i> | <i>JAMES COPPOLA</i> | <i>3057 DISCOVERY CIRCLE EAST</i> | <i>DEERFIELD BEACH, FL. 33442</i> |
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joseph F. Papa

Date
5-22-01

Daytime Phone #

CR210001 (8/78)

Joseph F. Papa, P.A.

ATTORNEY AND COUNSELOR AT LAW

1300 NORTH FEDERAL HIGHWAY, SUITE 107 • BOCA RATON, FLORIDA 33432

(561) 395-6716 • FAX (561) 394-7782

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

5/22/01

Re: Coggala Industries, Inc.
Doc. # 8930000 70777

Dear Sir:

Enclosed please find duly executed Florida corporate Reinstatement form and check made payable to Department of State in the amount of \$908.75. The check represents the reinstatement fee of \$900.00 for the corporation which was dissolved on September 27, 2000 and \$8.75 for certificate of status for the reinstated corporation.

Please mail the certificate of status to my attention in the enclosed, self-addressed, stamped envelope.

Very Truly Yours
Joseph F. Papa