

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 MAY 24 PM 3:45

DOCUMENT # *P93000070777*

1. Corporation Name

COPPOLA INDUSTRIES, INC.

2. Principal Office Address

6450 VIA TIERRA DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

6450 VIA TIERRA DR.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL.

City & State

BOCA RATON, FL.

Zip

33434

Country

PALM BEACH

Zip

33434

Country

PALM BEACH

4. Date Incorporated or Qualified
To Do Business in Florida

9/17/1993

5. FEI Number

65-0443095

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

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

FL

Zip Code

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>

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 #

5-22-01

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: Cogges 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 \$.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