

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2

APPLICATION

FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -2 AM 9:42

DOCUMENT # P94000034509

1. Corporation Name

LAUDERDALE COPA, INC.

Principal Place of Business

Mailing Address

624 S.E. 28TH STREET  
FT LAUDERDALE FL 33316

2800 S. FEDERAL HWY  
FT. LAUDERDALE FL 33316



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

05/06/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0488180

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PVS	BERNARD, GREGG	2800 S. FEDERAL HWY	FT LAUDERDALE FL 33316

3000003471853--3  
-11/21/00--01022--018  
\*\*\*\*450.00 \*\*\*\*150.00

APR 11/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERNARD, GREGG  
2800 S. FEDERAL HWY  
FT LAUDERDALE FL 33316

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

Date

10/27/00

REGISTERED AGENT MUST SIGN

11. 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

10/27/00

Date

954463-1508

Daytime Phone

CR2E040 (8/00)



**COPA**

**FT. LAUDERDALE'S ONLY LATE NIGHT CLUB**

2800 S. Federal Highway  
Ft. Lauderdale, FL 33316  
(954) 463-1508

E-mail [copafilauda@aol.com](mailto:copafilauda@aol.com)

(2)

October 27, 2000

RE: Lauderdale Copa, Inc.  
DV8, Inc.  
B&G Entertainment

To Whom It May Concern:

Please accept the above referenced Annual Reports for filing. I hereby request they be considered filed on a timely basis with the \$150 filing fee. I did not receive the original reports and have just now received the Notice of Administrative Dissolution or Revocation which is enclosed to complete our filing requirement.

Thank you in advance for your help with this matter.

Very truly yours,

  
Gregg Bernard  
Owner