

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB -7 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034509

1. Corporation Name

LAUDERDALE COPA, INC

600088068166
02/13/07--01013--002 **450.00

2. Principal Office Address - No P.O. Box #

624 SE 28TH STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip
33316

Country
USA

3. Mailing Office Address

PO BOX 22961

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip
33335

Country
USA

REINSTATEMENT

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

05/06/94

5. FEL Number
65-0488180

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
BERNARD, GREGG

Street Address (P.O. Box Number is Not Acceptable)
2800 SOUTH FEDERAL HIGHWAY

Suite, Apt. #, Etc.

City
FORT LAUDERDALE

State
FL

Zip Code
33316

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 **02/06/07**

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
PVS	BERNARD, GREGG	2800 SOUTH FEDERAL HWY	FORT LAUDERDALE, FL 33316

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 contained in Chapter 119, 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:

GREGG BERNARD

2/06/07

954-401-1004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2 of 2

Lauderdale Copa, Inc.
624 SE 28th Street
Fort Lauderdale, FL 33316

February 6, 2007

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

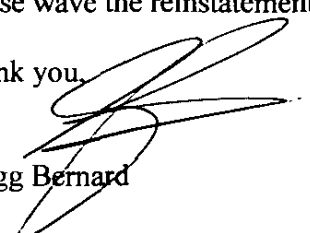
RE: Corporation Reinstatement
Document Number P94000034509

Dear Sir/Madam,

Please find enclosed please find Corporation Reinstatement form, check in the amount of \$450.00. ~~CL~~ # 1053

Please wave the reinstatement fee as I did not receive the annual report notice in 2005.

Thank you,


Gregg Bernard

Enclosures: Corporation Reinstatement form, check \$450.00.