

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P94000083503

FILED
Oct 29, 2008
Secretary of State

Entity Name: COOPER'S OF COLLIER COUNTY, INC.

Current Principal Place of Business:

14091 CEDARDALE ST
FT. MYERS, FL 33905 US

New Principal Place of Business:

Current Mailing Address:

14091 CEDARDALE ST
FT. MYERS, FL 33905 US

New Mailing Address:

FEI Number: 65-0534796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUDLAM, JOHN W.
14091 CEDARDALE ST
FT. MYERS, FL 33905 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOHN W. LUDLAM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: LUDLAM, STACEY
Address: 14091 CEDARDALE ST
City-St-Zip: FT. MYERS, FL 33905

Title: PS () Delete
Name: LUDLAM, JOHN
Address: 14091 CEDAR DALE ST
City-St-Zip: FT MYERS, FL 33905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. LUDLAM

RA

10/29/2008

Electronic Signature of Signing Officer or Director

Date