

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR



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

~~REINSTATEMENT~~

DOCUMENT # P95000016686

1. Corporation Name

COT MANAGEMENT, INC.

Principal Place of Business

4250 SW 152ND AVE
MIRAMAR FL 33027
US

Mailing Address

4250 SW 152ND AVE
MIRAMAR FL 33023

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

2. New Principal Office Address, If Applicable

606 FLANNING DR.

Suite, Apt. #, etc.

City & State

FT LAUD. FL

Zip

33301

Country

USA

3. New Mailing Office Address, If Applicable

606 FLANNING DR.

Suite, Apt. #, etc.

City & State

FT LAUD. FL

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/27/1995

5. FEI Number

65-0648158

Applied For

Not Applicable

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
D	VELAR, CHERYL L	4250 SW 152ND AVE 606 FLANNING DR.	MIRAMAR FL 33027 FT. LAUD FL 33301

400003677064--8
-02/13/01--01071--020
****300.00 ****300.00

8. Name and Address of Current Registered Agent

VELAR, CHERYL L
4250 SW 152ND AVE
MIRAMAR FL 33027

9. Name and Address of New Registered Agent

Name

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

606 FLANNING DR.

Suite, Apt. #, Etc.

City

FT. LAUDERDALE

State

FL

Zip Code

33301

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

Cheryl Velar SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/31/01

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.

KE

SIGNATURE:

Cheryl Velar SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/01

Daytime Phone #

CR2E040 (8/00)

202

COT MANAGEMENT, INC.

606 Flamingo Dr.
Ft. Lauderdale, Fl. 33301
305-828-3944

January 31, 2001

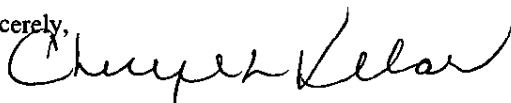
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl. 32314-6327

Reinstatement Department:

Enclosed please find an Application for Reinstatement for our COT Management, Inc. For some reason we never received the 2000 nor the 2001 Uniform Business Report from your office. After discussing this with one of your employees, he informed us that we should write a letter explaining that we never received the reports. He informed us that if the reports were lost in the mail, never mailed, or never received, that we should not have to pay a reinstatement fee or penalties. He also asked us to mail a check for \$300 payable to "Department of State" which we have enclosed. Please note that this Reinstatement Application is the first document we receive from your office.

Please process the application and accept our check for \$300. We thank you very much for your assistance in this matter.

Sincerely,



Cheryl L. Velar