

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000016686

1. Corporation Name

COT MANAGEMENT, INC.

Principal Place of Business

606 FLAMINGO DRV.  
FT. LAUDERDALE FL 33301  
US

Mailing Address

606 FLAMINGO DRV.  
FT. LAUDERDALE FL 33301  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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	606 FLAMINGO DRV.	FT. LAUDERDALE FL 33301

3000009649883  
12/24/02--01004--008 \*\*150.00

8. Name and Address of Current Registered Agent

VELAR, CHERYL L  
606 FLAMINGO DRV.  
FT. LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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

Date

Daytime Phone #

12/10/02

305-828-3944

CR2040 (8/02)

December 10, 2002

Department of State  
Division of Corporations  
Reinstatement Division  
P.O. Box 6327  
Tallahassee, Fl. 32314-16327

RE: COT Management, Inc. Doc #P95000016686

Dear Sir or Madam:

Per our telephone conversation, enclosed please find a Reinstatement form for the above referenced corporation. Also, as we informed you, we never received the 2002 Uniform Business Report from you. Perhaps is because you had the incorrect address, or perhaps the documents were lost in the mail.

In any event, and per your instructions, enclosed is also a check payable to Department of State for the 2002 fees. Please process the above and reinstate our corporation. As you can understand this is a very important matter to us. Thank you for your assistance.

Sincerely,

CHERRY L. JELAN  
COT MANAGEMENT  
606 FLAMINGO DR.  
FT. LAUDERDALE, FL 33301