PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 22 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000051575**

1. Corporation Name

COI INCORPORATED

Principal Place of Business	Mailing Address
1164 SOUTH WEST 14TH STREET BOCA RATON FL 33486	1164 SOUTH WEST 14TH STREET BOCA RATON FL 33486

REINSTATEMENT 97 QD

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

2. New Principal Office Address, If Applicable
1321 SW 17 ST.
Suite, Apt. #, etc.
City & State: BOCA RATON, FL
Zip: 33486-6630 Country: PALM BEACH

3. New Mailing Office Address, If Applicable
1321 SW 17 ST.
Suite, Apt. #, etc.
City & State: BOCA RATON, FL.
Zip: 33486-6630 Country: PALM BEACH

4. Date Incorporated or Qualified To Do Business In Florida: 06/14/1996

5. FEI Number: 65-0667581 (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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	JOHN Montesanto	1321 SW 17 St.	Boca Raton, Fl 33486
V.PRES	Deborah Montesanto	1321 SW 17 St.	Boca Raton, Fl 33486

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-12/24/97--01038--014
****750.00 ****750.00

8. Name and Address of Current Registered Agent

MONTESANTO, JOHN
1164 SOUTH WEST 14TH STREET
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name: JOHN MONTESANTO
Street Address (P.O. Box Number is Not Acceptable): 1321 S.W. 17 ST.
Suite, Apt. #, Etc.:
City: BOCA RATON State: FL Zip Code: 33486

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: [signature] Date: 12-4-97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-97 Date
561-392-6899 Daytime Phone #

CR2E040 (8/97)