

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

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



FILED

01 FEB 26 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068692

1. Corporation Name

COOPER MANAGEMENT GROUP, INC.

Principal Place of Business

Mailing Address

~~1524 QUAIL DRIVE~~  
~~APT. 8~~  
~~WEST PALM BEACH FL 33409~~

P.O. BOX 15254  
WEST PALM BEACH FL 33416-254  
US

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

2. New Principal Office Address, If Applicable  
4001 Ocean Drive

3. New Mailing Office Address, If Applicable  
P.O. Box 101493

4. Date Incorporated or Qualified  
To Do Business in Florida

08/15/1996

Suite, Apt. #, etc.  
302

Suite, Apt. #, etc.

5. FEI Number

65-0701931

Applied For

Not Applicable

City & State  
Lauderdale By The Sea FL

City & State  
Ft. Lauderdale FL

Zip 33308-5968 Country USA

Zip 33310-1493 Country USA

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	COOPER, REGINA F	1524 QUAIL DRIVE, APT. 8 4001 Ocean Drive # 302	WEST PALM BEACH FL 33409 Lauderdale By The Sea, FL 33308
			6000003801896--0 -03/06/01--01031--027 ****750.00 ****750.00
			6000003801896--0 -03/06/01--01031--028 ****150.00 ****150.00
			LS

8. Name and Address of Current Registered Agent

DOWNEY, MARGHERITA  
C/O LAW OFFICE OF F LEE BAILEY, ESQ  
1400 CENTREPARK BLVD, STE 909  
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name ~~HA~~ F. Lee Bailey, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
~~HA~~ 823 North Olive Avenue  
Suite, Apt. #, Etc. ~~HA~~  
City ~~HA~~ West Palm Beach State FL Zip Code 33401

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

*Regina F. Cooper*  
REGISTERED AGENT MUST SIGN

Date 2-15-01

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Regina F. Cooper

12.31.00

Date

Daytime Phone #

954  
771  
4119

CR2ED40 (9/00)