

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000108664**

1. Corporation Name  
**COOPER & HAYES INC.**

FILED  
 03 NOV 26 PM 12:09  
 SECRETARY OF STATE,  
 TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
806 DOUGLAS RD. 11TH FLOOR CORAL GABLES FL 33134	806 DOUGLAS RD. 11TH FLOOR CORAL GABLES FL 33134



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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida - <b>12/29/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>65-0808216</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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	4 City / State / Zip
D	COOPER, RIC	806 DOUGLAS ROAD, 11TH FLOOR	CORAL GABLES FL 33134

800025075418  
 11/26/03-01059-026 \*\*750.00

8. Name and Address of Current Registered Agent

GREENBERG, TRAURIG  
 1221 BRICKELL AVENUE  
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **DAVID KLAFTER C/O COOPER AND HAYES**  
 Street Address (P.O. Box Number is Not Acceptable) **806 DOUGLAS ROAD**  
 Suite, Apt. #, Etc. **11TH FL**  
 City **CORAL GABLES** State **FL** Zip Code **33134**

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 *David Klafter* Date 11/21/03  
 REGISTERED AGENT MUST SIGN

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: *Rich Cooper* Date 10.24.03 Daytime Phone # 305/529-4306  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (7/03)