

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000033408

Entity Name: COALPOT ENTERPRISES, INC.

FILED  
Oct 16, 2009  
Secretary of State

## Current Principal Place of Business:

700 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021

## New Principal Place of Business:

## Current Mailing Address:

700 NORTH STATE ROAD 7  
HOLLYWOOD, FL 33021

## New Mailing Address:

FEI Number: 65-0835295

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAWYER, AMERI  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMEEL KHAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: KHAN, JAMEEL  
Address: 700 NORTH STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PSTD ( ) Delete  
Name: KHAN, JAMEEL  
Address: 700 NORTH STATE ROAD7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PSTD ( ) Delete  
Name: KHAN, JAMEEL  
Address: 700 NORTH STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PSTD ( ) Delete  
Name: KHAN, JAMEEL  
Address: 700 NORTH STATE ROAD  
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Title: PSTD ( ) Delete  
Name: KHAN, JAMEEL  
Address: 700 NORTH STATE ROAD 7  
City-St-Zip: HOLLYWOOD, FL 33021

Title: PSTD ( ) Delete  
Name: KHAN, JAMEEL  
Address: 700 NORTH STATE ROAD  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMEEL KHAN

Electronic Signature of Signing Officer or Director

PSTD

10/16/2009

Date