

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 17 AM 10:14

DOCUMENT # **P980000099420**

1. Corporation Name

Brian Cochrane Enterprises, Inc.

400003334684--8

-07/25/00--01038--002

*****300.00 ***300.00**

2. Principal Office Address

1121 South Military Trail

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach, FL

City & State

Zip

33442

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

November 25, 1998

5. FEI Number

65-0890882

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Elaine M. Gatsos

Street Address (P.O. Box Number is Not Acceptable)

1499 West Palmetto Park Road

Suite, Apt. #, etc.

Suite 210

City

Boca Raton

State
FL

Zip Code

33486

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Brian R. Cochrane previous Registered Agent Remains 6-19-00
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles

Name of
Officers and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

President **Brian R. Cochrane**

5570 N.W. 61ST #926

Coconut Creek, FL 33073

6/17/01

10. 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:

Brian R. Cochrane

Brian R. Cochrane

6-19-00

(954) 725-0655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom it May Concern:

On May 8, 2000 I called the Division of Corporations to inquire about the Status of my Corporation Renewal which to that date had not been received. I was informed that my corporation was not renewed due to the fact that the renewal notice had been mailed to a different address. I am enclosing a check in the amount of \$300.00 along with the application renewal form. Your quick attention to this matter is greatly appreciated.

Cordially,



Brian R. Cochrane