PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 00-2001 UBR

FLORIDA DEPAR IMENT OF STATE Katheri ne Harris

Secretar / of State

DIVISION OF CORPORATIONS

FILED

OI APR 23 AM 8:53

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P99000104853 DOCUMENT

1. Corporation Name

COOPER COOPER	&	ASSOCIATES,	INC
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Principal Place of Business

11420

THE NW 56TH DR. UNIT 102 CORAL SPRINGS FL 33076

Mailing Address

1142D

.-- NW 56TH DR. UNIT 102 CORAL SPRINGS FL 33076

		formation on	anter correction below	MX)-201	U	BR
If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable 11420 NW 56* Suite, Apt. #, etc.		ng Office Add	ess if Applicable	Date Incorporate To Do Busin	orated or Qualified less in Florida	11/29/1	999
Unit 102	Unit	1~~	•	5. FEI Number	182212	-	Applied For
Springs 71 Zip 33076 Broward	City & State Cor OL Zip 330'	Spri 76	now Fl.	6.			Not Applicable tional Fee required tificate of Status
7. Names and Street Addresses of Each Officer and/	or Director (Flor	rida nonprofit		st 3 directors)	1		
Title(s) Name of Officers and/or Directors		3	Street Address of Each Officer and/or Director		City /	State / Zip	
D Kelly Doborn h.	69.	11420 NV	/ 56TH DR, UNIT 102		CORAL SPRINGS FL	33076	
11.191	•			- -			
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					-05/21/01- ****300.0		3000 **300.00

S. DAVIS & ASSOCIATES, P.A. 2521 HOLLYWOOD BLVD HOLLYWOOD FL 33020

City

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

10. I, being appointed the registered agent of the above named corporation, am fa niliar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST & IGN

Suite, Apt. #, Etc.

Name

9. Name and Address of New Registered Agent

on this application is true and accurate, and my signature shall have the same agal effect as if made under oath.

8. Name and Address of Current Registered Agent

11. I certify that I am an officer or director or the receiver or trustee empowered to xecute 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, tile 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 or this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

Daytime Phone #

Zip Code