PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 DEC 11 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S56862

1. Corporation Name

COOPER CITY PLAZA, INC.

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
9610 GRIFFIN ROAD	9610 GRIFFIN ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COOPER CITY, FL	City & State: COOPER CITY, FL
Zip: 33328 Country:	Zip: 33328 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/28/1991

5. FEI Number: 65-0266613 ☐ 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: LOUIS JOHN CLAPS, C.P.A.

Street Address (P.O. Box Number is Not Acceptable): 11440 OKEECHOBEE BLVD

Suite, Apt. #, Etc.: SUITE 204

City: ROYAL PALM BEACH State: FL Zip Code: 33411

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: _____ Date: 12/11/2008

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
P/D	HARRY A. LINET	2317 CASTILLA ISLAND	FT.LAUDERDALE, FL 33301
S/T/D	RHONDA S. LINET	1450 SHORELINE WAY	HOLLYWOOD, FL 33019
VP	LOUIS JOHN CLAPS	11440 OKEECHOBEE BLVD	ROYAL PALM BCH, FL 33411

REINSTATEMENT 03-08 GS

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 contained in Chapter 119, 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: _____ LOUIS JOHN CLAPS 12/11/2008 561-791-4505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

561-791-4505

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TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6384

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Account Number : I20000000257
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Please Credit 600.00 To our Account Thanks Seth

CORPORATION REINSTATEMENT

COOPER CITY PLAZA, INC.

Certificate of Status	1
Certified Copy	0
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