

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V39458**

1 Corporation Name

COOPER-HOROWITZ OF FLORIDA, INC.

FILED
96 DEC 23 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business XXXXXX STE 200 300 S PINE ISLAND ROAD MIAMI BEACH, FL 33139 US	Mailing Address XXXXXX STE 200 300 S PINE ISLAND ROAD MIAMI BEACH, FL 33139 US
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If above addresses are incorrect in any way, line through incorrect information and enter correction below.



2 New Principal Office Address, If Applicable 1111 Lincoln Road Suite, Apt. #, etc. Penthouse # 8 suite 800 City & State Miami Beach, FL 33139 Zip Country	3 New Mailing Office Address, If Applicable 1111 Lincoln Road Suite, Apt. #, etc. Penthouse # 8 suite 800 City & State Miami Beach, FL 33139 Zip Country	4 Date Incorporated or Qualified To Do Business in Florida 05/28/1992	5 FEI Number 65-0341623 Applied For Not Applicable
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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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	HOROWITZ, DAVID	300 S PINE ISLAND ROAD 1111 Lincoln Road Pent. #800	MIAMI BEACH, FL 33139
D	HOROWITZ, JEFFREY	300 S PINE ISLAND ROAD 1111 Lincoln Road Pent. #800	MIAMI BEACH, FL 33139
D	HOROWITZ, ROBERT	300 S PINE ISLAND ROAD 1111 Lincoln Rd. Pent. #800	MIAMI BEACH, FL 33139
D	HOROWITZ, RICHARD	300 S PINE ISLAND ROAD 1111 Lincoln Rd. Pent. #800	MIAMI BEACH, FL 33139

8 Name and Address of Current Registered Agent FILINGS INC 3732 NW 16TH STREET FT LAUDERDALE FL 33311 900002040559--4 -12/30/96--01011--024 ****383.75 ****383.75	9 Name and Address of New Registered Agent Name Eugene Howard Street Address (P.O. Box Number is Not Acceptable) 1111 Lincoln Road Suite, Apt. #, Etc. Penthouse # 800 City Miami Beach State FL Zip Code 33139
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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.

Signature of Registered Agent *Eugene Howard* Date **12/18/96**
EUGENE J. HOWARD
REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12 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)(l), 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: *Richard Horowitz* **12/18/96** **305-538-6361**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD HOROWITZ
Date Daytime Phone #