

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 OCT 19 AM 8:32

DOCUMENT # **537554**

1. Corporation Name
COHOLT, INCORPORATED

Principal Place of Business 39 MILDRED DR FT MYERS FL 33901	Mailing Address 39 MILDRED DR FT MYERS FL 33901
---	---



REINSTATEMENT *95*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 08/15/1977	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-1746655	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Annual Fee required for a Certificate of Status	

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	4 City / State / Zip
PD	COURTER, LOIS M	39 MILDRED DRIVE	FT. MYERS FL
D	COURTER, DARRELL	39 MILDRED DRIVE	FT. MYERS FL
			900003043349--5 -11/12/99--01113--021 ****7SU.00 ****7SU.00
			<i>10/10/25</i>

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
COURTER, LOIS M 39 MILDRED DRIVE FT. MYERS FL 33901		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of Registered Agent: *Lois M. Courter* *President* Date: *10-14-99*
 REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 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 807.0401 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: *Lois M. Courter* *President* *10-14-99* *941-936-8521*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E00 (8/99)