PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

J88336

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COOKS POWER EQUIPMENT DISTRIBUTORS, INC.

Principal Place of Business

Mailing Address

395 ENTERPRISE STREET OCOEE FL 34761

395 ENTERPRISE STREET

OCOEE FL 34761

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If above a	ddresses are	incorrect in any way, line the	ough incorrect in	nformation a	ind enter co	orrection below.		EINST	PATEM	图例	T	Opti
New Principal Office Address, If Applicable 3. New Mail			ng Office Address, If Applicable				orated or Qualified ess in Florida		08/19/19)87.		
Suite, Apt. #; etc.		Suite; Apt. #,	, etc.			1-	5. FEI Number	 			Applied For	
City & State City & S			City & State	,			1		59-2852767	' 		Not Applicable
lip		Country	Zip		Country		1	6. CERTIFICATE	OF STATUS DESIR	ED 🔲 S		onal Fee require ificate of Status
. Names	and Street Ad	dresses of Each Officer and	or Director (Flo	rida nonpro	fit corporati	ons must list at lea	ast	3 directors)				
Title(s)	2	Name of Officers and/or Directors		3		et Address of Each cer and/or Director			4	City /	State / Zip	
PD	COOK, KE	ENNETH W.		395 W.	ENTERPR	ISE STREET	_	1.44	OCOEE FL		3410	el
TD	COOK, M	ARY F.		395 W.	ENTERPR	ISE STREET			OCOEE FL	,	3476	01
S COOK, LYDIA G.			395 W. ENTERPRISE STREET			OCOEE FL		347	61			
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:	8. Nam	e and Address of Current	Registered Age	int			_ {	9. Name and A	ddress of New R	egistere	d Agent	
FASSI	ETT, LADD F					Name	L	1614	W. Co	ok		
14 E.		ON ST., SUITE 500				Street Address (F 395 Suite, Apt, #, Etc	1	V-1 EV	s Not Acceptable	ISE	Sh	
Ottobe	100 12 020	~1			}	City Occ	١.	//		Sta	ite Zip,C	ode
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0. I, being ignature o legistered	s f	e registered agent of the ab	WRE	oration, am	MI	IRED	obli	gations of Section	Date <u>3</u>	21	1200	PO .
		R	EGISTERED AG	ENT MUST	SIGN						 -	
1. I certify	that I am an o	officer or director or the rece	iver or trustee er	npowered to	execute the	nis application as p	pro	vided for in cha	pter 607 or 617, F	.S. I furth	er certify th	nat 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.