

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

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DOCUMENT # **P29397**

1. Corporation Name

COOK INLET REGION, INC.

Principal Place of Business

Mailing Address

CIRI BUILDING, 2525 "C" ST.
 P. O. BOX 93330
 ANCHORAGE AK 99509-3330

~~CIRI BUILDING, 2525 "C" ST.~~
 P. O. BOX 93330
 ANCHORAGE AK 99509-3330



REINSTATEMENT 08

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

05/17/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

92-0042304

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

99509-3330 USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional 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
PO	PROSSER, WILLIAM C	2525 C STREET	ANCHORAGE AK 99503
P	MARRS, CARL H.	2525 "C" ST.	ANCHORAGE AK
TD	ENGLISH, WILLIAM D	2525 "C" ST.	ANCHORAGE AK
SB CD	WOODHEAD, ROBERT N	2525 C STREET SUITE 500	ANCHORAGE AK 99503
V	MCGEE, KIRK S	2525 "C" ST.	ANCHORAGE AK
V	DONATELLI, BARBARA	2525 "C" ST.	ANCHORAGE AK

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALTMAN, STUART H
 100 SE 2ND ST., #17TH FLOOR
 MIAMI FL 33131

Name
 800003484038-1
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State
FL
 Zip Code

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

Barbara A. Donatelli
 REGISTERED AGENT MUST SIGN

Date

11/6/00

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 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)(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.

SIGNATURE:

Barbara A. Donatelli
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Barbara A. Donatelli, Vice President

10-26-2000

Date

907-274-8638
 Daytime Phone #