


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **915.00**

APPLICATION FOR REINSTATEMENT



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

FILED

97 JUN 16 AM 11:26
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **427737**

1. Corporation Name
COOK INVESTMENT CORPORATION

Principal Place of Business P.O. BOX 6006 PENSACOLA FL 32503	Mailing Address P.O. BOX 6006 PENSACOLA FL 32503
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REINSTATEMENT **96-97 ad**

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida	06/12/1973
5. FEI Number	59-1480224
Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	COOK, BYRON M.	1900 SCENIC HWY #4 117 ST. JOHN ST.	PENSACOLA FL 32503

500002215875-7
 -06/18/97-01070-011
 ****915.00 ****915.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOK, BYRON M.
~~1900 SCENIC HWY #4~~
 PENSACOLA FL 32503

Name			
Street Address (P.O. Box Number is Not Acceptable)	117 ST. JOHN ST.		
Suite, Apt. #, Etc.			
City	State	Zip Code	
Pensacola	FL	32503	

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: *Byron Cook* REGISTERED AGENT MUST SIGN Date: **May 13, 1997**

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)(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: *Byron M. Cook*, **BYRON M. COOK**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **4/23/97** Daytime Phone #: **904-474-0212**

CR2E040 (7/96)