

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

99-01 VER

FILED

01 JUL -9 PM 3:06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 449524

1. Corporation Name  
 Cox + Associates INSURANCE, INC

2. Principal Office Address  
 918 W Amiel St  
 Suite, Apt. #, etc.

3. Mailing Office Address  
 PO Drawer 370  
 Suite, Apt. #, etc.

City & State  
 Orlando FL

City & State  
 Winter Park FL

Zip Country  
 32805 Orange

Zip Country  
 32790 Orange

4. Date Incorporated or Qualified To Do Business in Florida  
 4-1-1974

5. FEI Number  
 59-1519691

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
 John M Cox III 700004475337--7

Street Address (P.O. Box Number is Not Acceptable)  
 3666 Tercho Dr. -07/13/01--01102--006  
 \*\*\*\*\*8.75 \*\*\*\*\*8.75

Suite, Apt. #, Etc.

City  
 Casselberry

State Zip Code  
 FL 32707

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
 John M Cox III REGISTERED AGENT MUST SIGN

Date  
 7-5-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	John M Cox III	3666 Tercho Dr.	Casselberry FL 32707
AS	Rora G Cox	3666 Tercho Dr.	Casselberry FL 32707

700004475337--7  
 -07/13/01--01102--007  
 \*\*\*\*\*450.00 \*\*\*\*\*450.00

10. 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: John M Cox III President 7/5/01 321-663 1047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/00)