PLEASE-READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTREMENT CORPORATION REINSTREMENT CORPORATION FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			TE SLECRETARY OF STATE DIVISION OF CORPORATION
DOCUMENT # 450 672			, 5. 33
1. Corporation Name Bill Cook +	A		
DILL COOK +	MPZOCIATEL		
2. Principal Office Address 16823 VALENC	1 -	Office Address	
Suite, Apt. #, etc.	Suite, Apt. #	ŧ, etc.	4. Date Incorporated or Qualified
City & State	City & State		To Do Business in Florida 5/1/1976 -
I	L. FL	•	5. FEI Number Applied For Not Applicable
33470 Country USA	Zip	Country	6. SETTEMATE OF STATUS DESIRED T \$8.75 Additional Fee required
1034	7.	Name and Address of Current Reg	for a Ceruncate of Status
	M Cook		500004213625 4
1682-3 VALENCIA BLUD			
<u> </u>	chee, FL. 3	3470	State ZIp Code FL 33470
8. I, being appointed the registered agent of the above napred corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.			
Signature of Registered Agent REGISTERED AGENT MUST SIGN			the obligations of section 607.0505 or 617.0503, F.S. Date 04/24/2001
9. Names and Street Addresses of E	ach Officer and/or Director (Fi	orida nonorofit corporations must list	t at least 3 directors)
Titles Ne	ime of id/or Directors	Street Address of Officer and/or Dire	Each Claud Tim
Plo William	4-Cook ·	16823 Valenci	a Blud. Lorahatcher, Fl. 33420
	rre,		
			005 10
10. I certify that i am an officer or director or the receiver or trustee empowered to ∈ xecute 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 i sgal effect as if made under oath.			
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deptime Phone #			

Bill Cook and Associates Inc.



16823 Valencia Blvd. Loxahatchee,FL 33470

Florida Department of State, Division of Corporations.

Corporation Reinstatement; Bill Cook and Associates, Inc. 16823 Valencia Blvd Loxahatchee, FL 33470

I moved my corporation office from 17. 2-17th Lane, Palm Beach Gardens, FL 33418 in December 1999. My new office is located in Loxahatchee, FL at the above address.

Due to the move, I failed to get the annual notice and did not follow through to file for the year 2000 and 2001.

I did not receive any notice of my corperation being desolved and, it is my fault for not following up on this matter. I did send in my check on april 16 - 2001 for \$150.00 certified mail, return receipt requested, when I realized I had not file for this year. I did not check to see, but now know that I did not file for the year 2000 either.

Enclosed is my check No. 1571 in the amount of \$300.00 which represents the annual fee of \$150 for each of the 2 years that I failed to file this document.

Sincerely:

William M Cook

President:

Bill Cook and Associates Inc.

Phone: 561-793-5029 Fay: 561-793-1457 bcook55@mindspring.com