

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 FEB 22 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 550623

1. Corporation Name

The Cooksey Corp.

200093756902
03/20/07--01012--002 **300.00

2. Principal Office Address - No P.O. Box #

100 S. Eola Dr., #PH115

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip
32801

Country
USA

3. Mailing Office Address

100 S. Eola Dr., #PH115

Suite, Apt. #, etc.

City & State

Orlando, FL.

Zip
32801

Country
USA

REINSTATEMENT
CR2E081 (1/07)

06-07
WOP

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1977

5. FEI Number

59-1439058

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

Grady M. Cooksey Jr.

Street Address (P.O. Box Number is Not Acceptable)

100 S. Eola Dr., #PH115

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32801

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Grady M. Cooksey Jr.

REGISTERED AGENT MUST SIGN

Date 2/19/07

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
P	Grady M. Cooksey Jr.	100 S. Eola Dr., #PH115	Orlando, FL. 32801
S	Judy R. Cooksey	100 S. Eola Dr., #PH115	Orlando, FL. 32801

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 contained in Chapter 119, 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

Grady M. Cooksey Jr.

Grady M. Cooksey Jr. 2/19/07 407-389-3524

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #