

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

**APPLICATION
FOR
REINSTATEMENT**



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

97 OCT 30 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840891

1. Corporation Name

COX BUILDING CORPORATION

Principal Place of Business

Mailing Address

1024 COX GRADE ROAD
P.O. BOX 8088
PANAMA CITY FL 32417

1024 COX GRADE ROAD
P.O. BOX 8088
PANAMA CITY FL 32417

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

06/20/1978

5. FEI Number

63-0574071

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VS	COX, RICHARD L., JR.	196 MARLIN CR. BAY POINT	PANAMA CITY BCH. FL
PTD	COX, RICHARD L	470 BAY POINT	PANAMA CITY, FL 00000
EVP	FLEMING, DARRELL	104 GILFORD	DOTHAN AL
S	ALLEN, LINDA	17620 FRONT BEACH RD	PANAMA CITY BEACH FL
			200002336682-4
			-11/03/97-01143-002
			****750.00 ****750.00
			JA 11/3

8. Name and Address of Current Registered Agent

COX, RICHARD L.
470 BAY POINT
PANAMA CITY FL

9. Name and Address of New Registered Agent

Name

Diane C. Hare, C.P.A.

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

3003 South Highway 77,

Suite, Apt. #, Etc.

Suite A

City

Lynn Haven

State

FL

Zip Code

32444

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

Diane C. Hare CPA

REGISTERED AGENT MUST SIGN

Date

10-28-97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-29-97

Date

850-234-7800

Daytime Phone #

CR2E040 (8/97)