

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUL 12 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000006422

1. Corporation Name

Cochran, Cherry, Givens & Smith, P.C.
d/b/a The Cochran Firm

2. Principal Office Address

306 N. Main St.

Suite, Apt. #, etc.

3. Mailing Office Address

163 West Main St.

Suite, Apt. #, etc.

City & State

Tuskegee, Alabama

City & State

Dothan, Alabama

Zip

36083

Country

U.S.A.

Zip

36301

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

Upon Qualification

5. FEI Number

63-1208761

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

UCC Filing & Search Services, Inc.

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

526 E Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Alison Hand, ASST SEC
REGISTERED AGENT MUST SIGN

Date 7-12-04

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 |
|--------|--------------------------------------|---|-----------------------|
| Pres. | Johnnie L. Cochran, Jr. | 4929 Wilshire Blvd., Ste. 1010 | Los Angeles, CA 90010 |
| V.P. | Samuel A. Cherry, Jr. | 163 West Main St. | Dothan, AL 36301 |
| Sec. | J. Keith Givens | 163 West Main St. | Dothan, AL 36301 |
| Tres. | Jock M. Smith | 306 N. Main St. | Tuskegee, AL 36083 |
| | | | |
| | | | |

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Keith Givens

Date

(334) 793-1555

Daytime Phone #

CR20081 (01/04)