

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 13 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000006422

1. Corporation Name

Cochran, Cherry, Givens & Smith, P.C.

d/b/a The Cochran Firm

2. Principal Office Address

306 N. Main Street

Suite, Apt. #, etc.

City & State

Tuskegee, AL

Zip

36083

Country

USA

3. Mailing Office Address

163 W. Main Street

Suite, Apt. #, etc.

City & State

Dothan, AL

Zip

36301

Country

USA

**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)

1574 Village Square Blvd Ste 100

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32309

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
c o c 5 5 5 REGISTERED AGENT MUST SIGN

Date 10/13/06

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.	Jock M. Smith	306 N. Main Street	Tuskegee, AL 36083
V.P.	Samuel A. Cherry, Jr.	163 W. Main Street	Dothan, AL 36301
Sec.	J. Keith Givens	163 W. Main Street	Dothan, AL 36301
Tres.	J. Keith Givens	163 W. Main Street	Dothan, AL 36301

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. Keith Givens

Date

334-793-1555

Daytime Phone #

THE COCHRAN FIRM

163 WEST MAIN STREET • POST OFFICE BOX 927 • DOTHAN, ALABAMA 36302
TELEPHONE: (334) 793-1555 • FAX: (334) 793-8280
WWW.COCHRANFIRM.COM

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October 10, 2006

Secretary of State
Florida Department of State
500 South Bronough Street
Tallahassee, FL 32399-0250

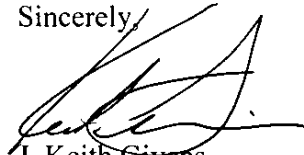
Re: Corporation Reinstatement—Cochran, Cherry, Givens & Smith, P.C.
d/b/a The Cochran Firm

Dear Sir:

This letter is to request abatement of penalty fees for corporation reinstatement of Cochran, Cherry, Givens & Smith, P.C. d/b/a The Cochran Firm. Our office did not receive the annual report filing reminder post cards from the Florida Department of State.
2005

Please advise me if you have any questions.

Sincerely,



J. Keith Givens

JKG/bn
Enclosure