

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001007

1. Corporation Name

COCOA BEACH HOTEL CORPORATION OF OKLAHOMA, INC

Principal Place of Business

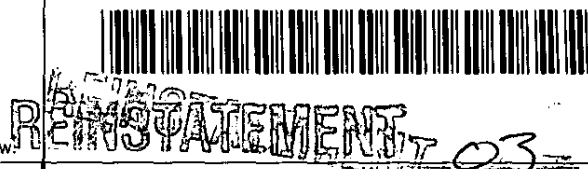
Mailing Address

3140 W. BRITTON RD., STE. A
OKLAHOMA CITY OK 73120

3140 W. BRITTON RD., STE. A
OKLAHOMA CITY OK 73120

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/25/1997	
City & State		City & State		5. FEI Number	
Zip		Country		86-0729725	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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	4 City / State / Zip
CP	SLATER, ROBERT E JR.	3140 W. BRITTON RD., STE. A	OKLAHOMA CITY OK 73120
S	DOCK, J. LYNN	3140 W. BRITTON RD., STE. A	OKLAHOMA CITY OK 73120

Handwritten signature and date: 10/21/03

600023959316
10/21/03--01012--026 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	Suite, Apt. #, Etc.	
	City	State FL
		Zip Code

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. or 617.0505, F.S.

Signature of Registered Agent

Handwritten signature of Sean L. Emerick

Date October 16, 2003

Sean L. Emerick, Asst. Secy. REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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

Handwritten signature

Handwritten date: 10/13/03

Date

Daytime Phone #

Handwritten phone number: 405 749-0115

CR2E040 (7/03)

Cocoa Beach Hotel Corporation
3140 W. Britton Rd. Suite A Oklahoma City, OK 73120 405-749-0115

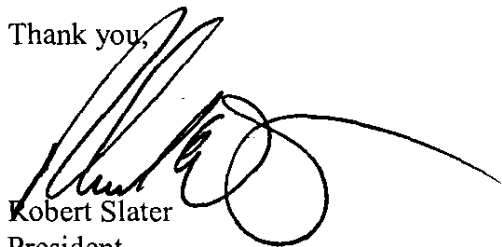
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

October 13, 2003

Good morning,

We recently received a notice regarding the annual report/uniform business report filing for Cocoa Beach Hotel Corporation. We are filing the reinstatement application, and submitting the filing fee of \$150.00. As we did not receive the previous notices, we respectfully ask that the reinstatement fee be waived.

Thank you,



Robert Slater
President
Cocoa Beach Hotel Corporation
405-749-0115