

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000002830**

1. Corporation Name

Cook Communications Ministries Inc

2. Principal Office Address

4050 Lee Vance View

Suite, Apt. #, etc.

City & State

Colorado Springs, CO

Zip

80918

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

05/16/1998

5. FEI Number

36-6008100

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT** *ag-00*

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City Plantation

State  
FL

Zip  
33324

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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 *Marcia J. Sunshine*  
REGISTERED AGENT MUST SIGN

Date *Jan. 31, 2000*

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
C	David L. Mehlis	2269 Palm Dr	Colorado Springs, CO 80918
S	Bruce J. Adair	1855 Anasazi Ct.	Colorado Springs, CO 80919
T	David R. Hachel	7415 Winding Oakds Dr.	Colorado Springs, CO 80919
D	Thomas Boodell	203 N. LaSalle St	Chicago, IL 60601
D	Joseph T. Koch	1789 Norwood Avenue	Itasca, IL 60143
D	Thomas Dunkerton	Rt 1, Box 523 4 Cedar Drive	Roseland, VA 22967

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

David R. Hachel

Date

719-536-0100

Daytime Phone #

CR2E081 (9/99)