

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000002830**

1. Corporation Name

COOK COMMUNICATIONS MINISTRIES INC.

Principal Place of Business

4050 LEE VANCE VIEW
COLORADO SPRINGS CO 80918

Mailing Address

4050 LEE VANCE VIEW
COLORADO SPRINGS CO 80918

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/18/1998

5. FEI Number

36-6008100

Applied For.

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
C	MEHLIS, DAVID L	2269 PALM DR	COLORADO SPRINGS CO 80918
S	ADAIR, BRUCE J	1855 ANASAZI CT	COLORADO SPRINGS CO 80919
T	HACHEL, DAVID R HACHTEL, DAVID R	7415 WINDING OAKS DR	COLORADO SPRINGS CO 80919
D	BOODELL, THOMAS	203 N. LASALLE ST	CHICAGO IL 60601
D	KOCH, JOSEPH T	1789 NORWOOD AVENUE	ITASCA IL 60143
D	DUNKERTON, THOMAS SWENSON, BARRY L	RT 1 BOX 523 4 CEDAR DRIVE One South Wacker Drive Suite 310	ROSELAND VA 22967 Chicago, IL 60606

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

0000004699240-00

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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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10-19-01

11. 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)(l), 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:

DAVID R. HACHTEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
01 NOV -5 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 01

CR2040 (8/01)