

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC 17 PM 5:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

95-03

**DOCUMENT #** G74737

**1. Corporation Name**

CHARLES L. Cox & Co., Inc

**2. Principal Office Address**

1612 NW 102 DRIVE

Suite, Apt. #, etc.

Coral Springs, Fl.

City & State

Zip

33071

Country

Brand

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Zip

Country

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

1983

**5. FEI Number**

650805566

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$38.75 Additional Fee required  
for a Certificate of Status

03

**7. Name and Address of Current Registered Agent**

Name

CHARLES L. COX

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

1612 NW 102 DR.

Suite, Apt. #, Etc.

City

Coral Springs

State

FL

Zip Code

33071

**REINSTATEMENT**

**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

Charles L. Cox

Date 9 Dec. 03

REGISTERED AGENT MUST SIGN

**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 Charles L. Cox

1612 NW 102 DR.

33071  
CORAL SPRINGS, FLA

V-Pres Jean H. Cox

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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:**

CHARLES L. COX

9 Dec. 03

Date

1-954-346-2109

Daytime Phone #

CR2E081 (10/02)

2082

December 4, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, Fla. 32314

Dear Mesdames or Sirs;

I am writing to request that you waive the penalty fee so that I may re-instate my corporation. It was dissolved in 1995 because I did not file as in the past. This was because I moved to another city and did not receive any forms from you. I have not received any form since then either. I am sorry that I did not notice this. One other reason for this oversight due to the fact that my wife contracted Lou Gehrig's disease.

~~Please find my check for \$1465.00 plus the form requesting that I be re-instated.~~

Thank you,

Charles L. Cox  
President: Charles L. Cox & Co., Inc.  
1612 NW 102 Drive Coral Springs, Fla. 33071