

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 24 PM 12:20

DOCUMENT # H75176

1. Corporation Name

COOK'S MISTY DAWN, INC.

Principal Place of Business

223 E. Beach Drive

Panama City, FL 32401

Mailing Address

P. O. Box 648

Panama City, FL 32402

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

2. New Principal Office Address, If Applicable

2218 Hwy 19 South

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. Box 58

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

9/10/1985

5. FEI Number

59-2582902

Applied For

Not Applicable

City & State

Perry FLA

City & State

Perry FLA

Zip

32347

Country

USA/OT

Zip

32347

Country

USA/OT

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Farrill, Samuel A.	2218 Hwy 19 South	Perry FLA 32347

600003341306--4  
-08/01/00--01048--004  
\*\*\*\*\*900.00 \*\*\*\*\*900.00

8/7/31

8. Name and Address of Current Registered Agent

Samuel A. Farrill  
180 Derby Woods Drive  
Lynn Haven, Florida 32444

9. Name and Address of New Registered Agent

Name

Samuel A Farrill

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

2218 Hwy 19 South

Suite, Apt. #, Etc.

City

Perry FLA

State

FL

Zip Code

32347

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

Samuel A. Farrill

REGISTERED AGENT MUST SIGN

Date July 19-2000

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

Samuel A. Farrill

Samuel A. Farrill

7-19-00

850-838-2109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)