

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J32880

1. Corporation Name

Cone Investors, Inc.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
21 N Military Trail

Suite, Apt. #, etc.
Suite D

City & State
West Palm Beach, FL

Zip
33415

Country

3. New Mailing Address, If Applicable
P.O. Box 16785

Suite, Apt. #, etc.

City & State
West Palm Beach, FL

Zip
33416

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9/12/86

5. FEI Number

59-2719115

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED

98 JUL 20 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 98-98

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/T/D	Douglas W. Cone	21 N Military Trail, Suite D	West Palm Beach, FL 33415
VP/S/D	Robert C. Sorgini	300 North Federal Highway	Lake Worth, FL 33460

600002598176-6
-07/24/98--01091--017
***1500.00 ***1500.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Douglas W. Cone

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

21 N Military Trail

Suite, Apt. #, Etc.

Suite D

City

West Palm Beach

State

FL

Zip Code

33415

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

Douglas W. Cone, Pres.

REGISTERED AGENT MUST SIGN

Date 7-16-98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Douglas W. Cone, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-98
Date

561-683-7116
Daytime Phone #

CR2E040 (12/95)