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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hooper  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 27 PM 3:10

1. DOCUMENT # L02000009076

Name and Mailing Address

0013538 01-AT 0.292 \*\*AUTO T9 0 0615 33563-004044



TRACY L. COX, P.L.

PO BOX 5244

PLANT CITY FL 33563-0040



2. New Mailing Address

2111 Elmwood Court

City, State, Zip

Plant City, FL 33563

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida

04/08/2002

Principal Place of Business

110 E. REYNOLDS, STE. 807  
PLANT CITY FL 33566

3. New Principal Place of Business Address

2111 Elmwood Court

City, State, Zip

Plant City, FL 33563

6. FFL Number

#03-0431261

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

NORMAN, CHRISTOPHER H ESQ  
315 S. HYDE PARK AVE.  
TAMPA FL 33606

9. Name and Address of New Registered Agent

Name Tracy L Cox

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

2111 Elmwood Court

01/30/04-01016-013 \*\*200.00

City

Plant City

FL

Zip Code

33563

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Tracy L Cox*

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 2/23/04

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Tracy L. Cox	2111 Elmwood Court	Plant City, FL 33563

REINSTATEMENT

*03/24/04*  
*acc*

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of  
Managing Member/Manager

*Tracy L Cox*

Date 1/24/04

Daytime Phone # (813) 757-9696

Typed or printed name of signing Managing Member/Manager

Tracy L. Cox

CR2E034 (7/03)