

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 # L71188

1. Corporation Name  
COJAN ENTERPRISES, INC.

Principal Place of Business  
1377 DELTONA BLVD.  
SPRING HILL, FL 34606

Mailing Address  
1377 DELTONA BLVD.  
SPRING HILL, FL 34606

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

2. New Principal Office Address, If Applicable  
3. New Mailing Office Address, If Applicable  
Suite, Apt. #, etc. City & State Zip Country

REINSTATEMENT 08-99

4. Date Incorporated or Qualified To Do Business in Florida 05/08/90  
5. FEI Number: 59-3021026 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) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip    |
|----------|-----------------------------------|---|-----------------------|
| D/P/T    | MOSS, C.O.                        | 1377 DELTONA BLVD.  | SPRING HILL, FL 34606 |
| D/S      | MOSS, JANECE J.                   | 1377 DELTONA BLVD.  | SPRING HILL, FL 34606 |

8. Name and Address of Current Registered Agent  
MOSS, C.O.  
1377 DELTONA BLVD.  
SPRING HILL, FL 34606

9. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City  
State Zip Code  
FL

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 X [Signature]  
Date X 5/10/99

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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)(j), 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: X [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date X 5/10/99  
Daytime Phone #

CPRE000112.000