

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 23 AM 11:56

DOCUMENT # L 89880

1. Corporation Name

Concessions by Cox of Florida, Inc.

2. Principal Office Address

c/o Florida State Fair
Authority

3. Mailing Office Address

same

Suite, Apt. #, etc.

4800 U.S. Highway 301 N.

Suite, Apt. #, etc.

same

City & State

Tampa, Florida

City & State

same

Zip

33610

Country

USA

Zip

Country

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

07/27/90

5. FEI Number

59-3021887

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 98-00

7. Name and Address of Current Registered Agent

Name

Kristopher E. Fernandez, Esquire

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

307 South Boulevard

Suite, Apt. #, Etc.

Suite D

City

Tampa

State
FL

Zip Code
33606

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

Kristopher E. Fernandez

REGISTERED AGENT MUST SIGN

Date *August 18, 2000*

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
DP	Cox, Charles	11303 Lorrey Pine Dr.	Riverview, FL 33569
DS	Cox, Patricia	11303 Lorrey Pine Dr.	Riverview, FL 33569
DT	Cox, Theresa	13033 St. Filagree Dr.	Riverview, FL 33569

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:

Patricia A Cox **PATRICIA A COX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/2000
Date

813-621-7121
Daytime Phone #