

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

OCT 26 AM 11:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M53097

1. Corporation Name

Cox & Kelly, Inc.

Principal Place of Business

Mailing Address

1825 Ponce de Leon Blvd #477  
Coral Gables, FL 33134

same

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

2. New Principal Office Address, If Applicable  
see above

3. New Mailing Office Address, If Applicable  
see above

4. Date Incorporated or Qualified  
To Do Business in Florida 8/02/89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number  
592808990

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. reflecting officer's Certificate of Status Desired  
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
1	2	3	4
PDTS	Ana B. Graneiro	1825 Ponce de Leon Blvd	#477 Coral Gables, FL
			400003448054--7 -11/02/00--01006--015 ***1958.75 ***1958.75

REINSTATEMENT 92-00 T8

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Lucio, Gladys  
4348 Atoll Ct #4  
Naples, FL 33999

Name

Ana B. Graneiro

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

1825 Ponce de Leon Blvd #477

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Ana B. Graneiro

Date 10/24/00

REGISTERED AGENT MUST SIGN

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:

Ana B. Graneiro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/00 954958-0921

Date

Daytime Phone #

CR2E081 (12/98)