

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**APPLICATION
FOR
REINSTATEMENT**



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

FILED

96 OCT 17 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000001562**

1. Corporation Name
COHESION, INC.

**1996
ANNUAL REPORT**

200001979572--1
-10/18/96--01022--001
*****70.00 *****70.00

Principal Place of Business
P.O. BOX 16189
PENSACOLA FL 32507

Mailing Address
P.O. BOX 16189
PENSACOLA FL 32507



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.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	03/18/1994
5. FEI Number	59-3158660
<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
			PENSACOLA FL 325
PD	ROBY, THELMA L	200 E. BURGESS ST., APT. 48B	PENSACOLA FL 32503
S	SHARPE, DARLENE D	6283 Ridgeway Circle	PENSACOLA FL 32504
TD	WARD, EUGENE	2103 ST. ANDREWS DR.	CANTONMENT FL 32533
VD	Welcome, James R	502 N. Green St	Pensacola, FL 32505

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: **Thelma L. Roby**
Street Address (P.O. Box Number is Not Acceptable): **200 E. Burgess Rd.**
Suite, Apt. #, Etc.: **# 48 B**
City: **Pensacola**
State: **FL** Zip Code: **32503**

*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

Thelma Roby

REGISTERED AGENT MUST SIGN

Date

Oct. 6, 1996

(See other side for information on intangible tax.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

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:

Thelma L. Roby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Oct. 6, 1996
Date

Daytime Phone #

COHESION INC.

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" AND JUSTICE FOR ALL "

P.O. Box 16186
Pensacola, FL 32507
(904) 478-9190

Florida Department of Banking

07 OCTOBER 1996

DIVISION OF CORPORATIONS
ANNUAL REPORTS SECTION
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

ATTN: MRS. MARIE BARTLETT

Subj: NOTICE OF DISSOLUTION AND REVOCATION

Ref: (a) Copy of ltr From J.W. Bridges referencing the Renewal
dtd 25 Apr 96

Ref: (b) Copy of Cashier's Check issued to Florida Department of
State for Incorporation Renewal dtd 25 Apr 96

Ref: © Ms. Roby's ltr dtd 04 May 96

Ref: (d) Corrections requested

Ref: (e) Reissuance of the Cashier's Check for Corporation

Dear Mrs. Bartlett:

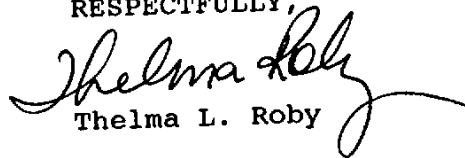
1. On 25 Apr 96, I contacted you by telephone in reference to the Renewal of Cohesion, Inc. Annual Renewal. I explained to you what would be required to correct the original papers filed by J.W. Bridges. The changes were made as directed by you and sent to your office along with a copy of the Cashier's Check in the amount of \$70.

2. On 3 Oct 96, I received from your office a notice of Administrative Dissolution or Revocation. After checking with our bank, we were informed that the check drawn against our account for these fees was never processed by your office. Sun Trust has reissued a replacement check in that same amount. Our fees were sent to you within the time frame allocated, therefore, we believe a late penalty would be in error. I have enclosed for your record, copies of all documents to corroborate our position.

3. We understand that there are no provisions in the statutes to waive fees or to back date any documents. However, if a mistake has been made that is beyond the control of our corporation. There should be some avenue for correcting without us being financially penalized.

4. Please provide us with a written response to any questions you may have pertaining to this request. Cohesion, Inc.'s point of contact is Ms. Thelma Roby and she can be reached at 904-478-9190.

RESPECTFULLY,


Thelma L. Roby