

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JAN 15 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000085824

1. Corporation Name

Cosby & Cosby, INC.

2. Principal Office Address

602-B Center Rd

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33907

Country

US

3. Mailing Office Address

602-B Center Rd

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

33907

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

8/8/2002

5. FEI Number

22-3863827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Charles R Cosby

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

60211 Silver and Lewis Lane

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

300026987903

01/15/04-01010-013 \*\*150 00

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

Date 10/21/03

REGISTERED AGENT MUST SIGN

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
PTD	Charles R Cosby	602-B Center Rd	Fort Myers, FL 33907
VSD	Charles R Cosby	602-B Center Rd	Fort Myers, FL 33907

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:

Charlie R Cosby

10/21/03

(239) 910 2910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

**Cosby & Cosby INC.**

To Whom It May Concern:

I did not receive the uniform business report and I would like to request the reinstatement fees to be waived. This may be due to the fact that Cosby & Cosby, INC did lose our registered agent Shelly Wellman, and one of our corporate officers.

Thank You



Charles R. Cosby

Cosby & Cosby INC.