

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P02000090693**

1. Corporation Name

**DAN COCHRAN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

7041 YELLOW BLUFF ROAD  
PANAMA CITY FL 32404

7041 YELLOW BLUFF ROAD  
PANAMA CITY FL 32404

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

08/21/2002

5. FEI Number

56-2290698

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	COCHRAN, DAN	7041 YELLOW BLUFF ROAD	PANAMA CITY FL 32404
ST	FOSTER, TAMI	7041 YELLOW BLUFF ROAD	PANAMA CITY FL 32404

400026139054  
01/06/04--01045--006 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COCHRAN, DAN  
7041 YELLOW BLUFF ROAD  
PANAMA CITY FL 32404

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN **DAN COCHRAN**

Date

1/5/04

11. 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DAN COCHRAN, President**

Date

Daytime Phone #

1/5/04 : 850-874-2445

CR2E040 (7/03)

DAN COCHRAN ENTERPRISES, INC.  
7041 YELLOW BLUFF ROAD  
PANAMA CITY, FL 32404  
850-874-2445 phone  
850-871-0906 fax

January 5, 2004


Glenda E. Hood  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: FAILURE TO RECEIVE UBR NOTICES

To Whom It May Concern:

Dan Cochran Enterprises, Inc., Document No # P02000090693, hereby states that this corporation DID NOT receive the two (2) uniform business report (UBR) notices that were supposed to be sent to the above address. I am attaching this letter to our application for reinstatement and enclosing the appropriate fees. As we understand this letter is being sent to fulfill requirements to waive reinstatement fee of \$600.00.

Thank you,



Dan Cochran  
President