

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 12 AM 8:00

DOCUMENT # P02000134076

1. Corporation Name

100% COTTON, INC.

Principal Place of Business

Mailing Address

3535 HWY 17 S STE 1  
ORANGE PK FL 32003

3535 HWY 17 S STE 1  
ORANGE PK FL 32003

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

110 Ocean Hollow Lane

Unit # 202

Saint Augustine, FL

FL 32084 Saint Johns

4. Date Incorporated or Qualified  
To Do Business in Florida

12/20/2002

5. FEI Number

Applied For

83-0344665

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>P</del>	<del>COTTON, RANDALL T</del>	<del>110 OCEAN HOLLOW LN #202 ST</del>	<del>ST AUGUSTINE FL 32084</del>
<del>V</del>	<del>COTTON, LAURA A</del>	<del>110 OCEAN HOLLOW LN #202 ST</del>	<del>ST AUGUSTINE FL 32084</del>
P	Cotton, Randall T.	110 Ocean Hollow Ln. #202	St Augustine, FL 32084
V	Cotton, Laura A.	110 Ocean Hollow Ln. #202	St. Augustine, FL 32084

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COTTON, RANDALL T  
110 OCEAN HOLLOW LN #202  
ST AUGUSTINE FL 32084

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

*Laura A. Cotton*

REGISTERED AGENT MUST SIGN

Date

10-16-03

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:

*Laura A. Cotton*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-16-03

Date

Daytime Phone #

904.464.4106