

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000016606

1. Entity Name
PICK COTTON INC.



FILED

05 JAN 19 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
15945 SW 240 ST
HOMESTEAD, FL 33031-1334

Mailing Address
15945 SW 240 ST
HOMESTEAD, FL 33031-1334

2. Principal Place of Business
100 NE 15 ST
Suite, Apt. #, etc.
203

3. Mailing Address
100 NE 15 ST
Suite, Apt. #, etc.
203

City & State
HOMESTEAD, FL
Zip
33030 Country
DADE

City & State
Homestead FL
Zip
33030 Country
DADE



REINSTATEMENT 01-05

4. FEI Number
31-1818773

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHOOS, SCOTT
15600 SW 288 ST STE 312
HOMESTEAD, FL 33031-1334

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/20/05
DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
COTTON-DEBOER, CATHIE L
15945 SW 240 ST
HOMESTEAD, FL 330311334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100044240491
01/06/05--01049--001 **900.00 ☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

mes. 1/05/04 3052352313
Date Daytime Phone #