

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000067086

1. Corporation Name

COTHERN & CO., INC.

WI-19417

2. Principal Office Address - No P.O. Box #

6107 BROAD STREET

Suite, Apt. #, etc.

3. Mailing Office Address

4155 BURNS ROAD

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

34601

Country

USA

Zip

34602

Country

7. Name and Address of Current Registered Agent

Name

KAY ANN COTHERN

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

4155 BURNS ROAD

Suite, Apt. #, Etc.

City

BROOKSVILLE

State

FL

Zip Code

34602

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

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
PD	KAY ANN COTHERN	4155 BROAD STREET	BROOKSVILLE, FL 34602

10. E-mail Address: RayCothern@hotmail.com

(To be used for future annual report notification)

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. I further certify, 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: Ray Cothern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/10

Daytime Phone #

FILED

10 MAY 12 PM 4:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200176538562  
04/20/10--01020--021 \*\*900.00

REINSTATEMENT

08-10

4. Date Incorporated or Qualified  
To Do Business in Florida 6/17/2003

5. FEI Number  
200060788

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

200176538562  
05/12/10--01037--018 \*\*158.75