

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000091726

1. Corporation Name

Cones Investment Group, Inc.

2. Principal Office Address - No P.O. Box #
4333 Brandywine Dr.

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34241

Country
Sarasota

3. Mailing Office Address
4333 Brandywine Dr.

Suite, Apt. #, etc.

City & State
Sarasota, FL

Zip
34241

Country
Sarasota

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-1226796

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
Allen Cone

Street Address (P.O. Box Number is Not Acceptable)
4333 Brandywine Dr.

Suite, Apt. #, Etc.

City
Sarasota

State
FL

Zip Code
34241

☒ 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.

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

REGISTERED AGENT MUST SIGN

Date

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
Pres	Clara M. Cone	4333 Brandywine Dr.	Sarasota, FL 34241
Sec.	Gail Cone	9135 Hummingbird Ln	Grand Ledge, MI 48837

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 contained in Chapter 119, 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:

CLARA M Cone Clara M Cone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/07
Date

941-378-4883
Daytime Phone #

FILED

07 JUL -6 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUL 10 2007
07/06/07--01023--002 **450.00

03/14/05 90120 011 \$150.00
REINSTATEMENT 05-07
CR2E081 (1/07)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2007

CONE'S INVESTMENT GROUP INC
4333 BRANDYWINE DRIVE
SARASOTA, FL 34241 US

SUBJECT: CONE'S INVESTMENT GROUP INC
Ref. Number: P04000091726

We have received your document for CONE'S INVESTMENT GROUP INC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2005 corporate annual report form. To reinstate, the corporation must submit a completed reinstatement application/annual report and the appropriate fees.

The fees to reinstate the corporation are as follows: \$600.00 reinstatement fee, \$61.25 filing fee per year for the years 2005 through the current year, \$88.75 corporate supplemental fee for 1992 and every year thereafter.

Therefore, the total amount due to reinstate the corporation is \$450.00. Add an additional \$8.75 for each certificate of status requested.

The total amount due includes the 2007 Annual Report and Supplemental Fee.

There is a balance due of \$300.00. If a certificate of status is desired, please add an additional \$8.75

The signature(s) on the report must be original and in ink. A photocopy or stamped signature is not acceptable.

Pursuant to section 607.1422(1)(b), 617.1422(1)(b), or 608.4482, Florida Statutes, your designated registered agent must acknowledge the designation by signing in the appropriate block of the form.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.