

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -7 PM 4:13

DOCUMENT # P04000108115

1. Corporation Name

N. CURTIS COX, P.A.

2. Principal Office Address - No P.O. Box #
2836 NE 3 DRIVE

3. Mailing Office Address
2836 NE 3 DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
HOMESTEAD

City & State
HOMESTEAD

Zip Country
33033 USA

Zip Country
33033 USA

900161457829
10/07/09--01036--007 **450.00
REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
201394509

☐ 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
NEIL C. COX

Street Address (P.O. Box Number is Not Acceptable)
2836 NE 3 DRIVE

Suite, Apt. #, Etc.

City
HOMESTEAD

State Zip Code
FL 33033

☒ 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

Neil C. Cox

Date OCTOBER 6, 2009

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
PRE	NEIL C. COX	2836 NE 3 DRIVE	HOMESTEAD, FL 33033
SEC	NEIL C. COX	2836 NE 3 DRIVE	HOMESTEAD, FL 33033
TRE	NEIL C. COX	2836 NE 3 DRIVE	HOMESTEAD, FL 33033

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:

Neil C. Cox
NEIL C. COX
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/06/2009
Date

3059053555
Daytime Phone #