PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 NOV 12 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P07000034547

1. Corporation Name

Cotton King Inc

500162765735
11/12/09--01037--014 **300.00
REINSTATEMENT CR2E081 (10/09)

08-09

2. Principal Office Address- No P.O. Box #	3. Mailing Office Address
3051 NW 13 AVE	
Suite, Apt. #, etc.: Suite F	Suite, Apt. #, etc.
City & State: Pompano beach FL	City & State
Zip: 33064 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 3-14-07

5. FEI Number: 01-0901184 ☐ 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: Thomas King

Street Address (P.O. Box Number is Not Acceptable): 2 SE 14th Street

Suite, Apt. #, Etc.:

City: Deerfield beach State: FL Zip Code: 33441

☒ The reinstatement fee is imposed, except in circumstances which the entity did not recieve the prior notices. By checking this box, you are certifying the prior notices were not recieved 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 section 617 0503, F.S.

Signature of Registered Agent: _____ Date: 11/6/09
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
P	WESTON COTTON	3001 NW 13th AVE	Lighthouse Point FL 33064
VP	THOMAS king	2 Se 14th Street	Deerfield beach FL 3344
Registered Agent Thomas king			

10. E-mail Address: WESTONCOTTON@Gmail.Com
(To be used for future annual report notifications)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided in chapter 607 or 617, F.S. I further cerify 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: _____ 11/6/09 954-354-1486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone#