	DI EASE DEAD		DI ICTI	SNC	BEEODE O	OMBI ETI	NG THIS EODM	•	
ا م	PLEASE READ PLICATION FOR (AUA) STATEMENT	FLORIDA		TMEN ne Ha y of S	IT OF STATE rris tate		FILED SECRETARY OF ST USION OF CORPOR		
DOCUMENT # P11655  1. Corporation Name						99 NOV -1 PM 4: 36			
COHIG	& ASSOCIATES, INC.								
Principal Place of Business Mailing Addre			988						
SUITE 400 SUITE 400			RACUSE WAY			)			
ENGLEWOOD CO 80111 US  ENGLEWOOD CO 80111 US						REINST	<b>TATEMENT</b>		
			formation and enter correction below.  ng Office Address, If Applicable  Syracuse Way			4. Date Incorporated or Qualified To Do Business in Florida 10/02/1986			
			ot. #, etc. e 645			5. FEI Number	El Number Applied For		
Englewood CO Engle Zip Country Z60111			Country USA			6. CERTIFICATI		75. A fit total Fire regarded for a Centification of Status	
80111	IISA and Street Addresses of Each Officer and	<del></del>			<del></del>	et 3 directore)		ior a car in car or arriva	
Title(s)	Name of Officers			Street Address of Each Officer and/or Director			City / State / Zip		
CEOP CEO	HINKLE, STEVEN R	6300 S SYRACUSE WAY, SLITE 400 6300 S, Syracuse Way 7645			<b>490</b> 645	ENGLEWOOD CO 80111			
s	BEAN, RUSSELL K.	6300 SO SYRACUSE WAY, SUITE 400 6300 S. Syracuse Way #645			E <b>400</b> 645	ENGLEWOOD CO 80111			
С	LOWE, TERRI É	6300 S. SYRACUSE WAY, SUITE 400 6300 S. Syracuse Way #645				ENGLEWOOD CO 801	11		
VP	LEWELLING, ELLEN A.			6300 SO SYRACUSE WAY, SUITE 400 6300 S. Syracuse Way #645			ENGLEWOOD CO 801	11	
-VPD P	- LAVIGNE, DAVID			6300 S SYRACUSE WAY #400 6300 S. Syracuse Way #645			ENGLEWOOD CO	80111	
						9	0000303	87790 -01005002	
Name and Address of Current Registered Agent     Name					9. Name and A	ddress of New Registered	Agent Agent		
NORTON CREC Norton					Norton, G				
1200 N FEDERAL HWY #301				Street Address (P.O. Box Number is Not Acceptable) 1200 N Federal Hwy					
BOCA RATON FL 33432				Suite, Apt. #, Etc. #325					
				Boca Raton			Stat FI	Zip Code 33432	
	appointed the registered agent of the abo	ive named corpo	ration, am fa			bligations of Secti	on 607.0505, F.S.		
Signature of Registered A	Agent	JISTERED AG	ENT MUST S				Date10/14/9	19	

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 flying 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 under section 119.07(3)(i), 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:

Comment of the second

10/14/99

800-289-5691

Daytime Phone #