

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -9 AM 10:45

DOCUMENT # P15863

1. Corporation Name

MICHAEL L. COOK, INC.

Principal Place of Business

4817 BETHLEHEM RD.
RICHMOND VA 23230
US

Mailing Address

4817 BETHLEHEM RD.
RICHMOND VA 23230
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

4070 Crockett St

Suite, Apt. #, etc.

City & State
Richmond, Virginia

Zip
23228

Country
Henrico

3. New Mailing Office Address, If Applicable

4070 Crockett St

Suite, Apt. #, etc.

City & State
Richmond, VA

Zip
23228

Country
Henrico

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/1987

5. FEI Number

54-1069971

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	COOK, MICHAEL L.	4817 BETHLEHEM RD.	RICHMOND VA
SD	COOK, BARBARA M.	4817 BETHLEHEM RD.	RICHMOND VA
V	COOK, DAVID C.	4817 BETHLEHEM RD.	RICHMOND VA
V	COOK, TED D.	4817 BETHLEHEM RD.	RICHMOND VA

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

50003050055--2

Suite, Apt. #, Etc.

-11719799--01082--022

City

****750.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Kevin J. Gallagher

KEVIN J. GALLAGHER

ASSISTANT VICE PRESIDENT

Date

11/5/99

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 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:

Michael L. Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/99

Date

(804) 515-7601

Daytime Phone #