

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 APR 29 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-03

600017232576
04/29/03--01019--022 **1208.75

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 93000011073			
1. Corporation Name COX STREET ASSOCIATES INC.			
2. Principal Office Address 3900 SHEARWATER DR Suite, Apt. #, etc. City & State JUPITER, FL. Zip 33477		3. Mailing Office Address SAME Suite, Apt. #, etc. City & State Zip Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 07-01-1993	
5. FEI Number 65-0416995	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name WILLIAM T. SAEGER	
Street Address (P.O. Box Number is Not Acceptable) 3900 SHEARWATER DR	
Suite, Apt. #, Etc.	
City JUPITER	State FL Zip Code 33477

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 4.23.03

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	NATALIE J. SAEGER	3900 SHEARWATER DR	JUPITER, FL 33477
T/S	WILLIAM T. SAEGER	3900 SHEARWATER DR	JUPITER, FL 33477

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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4.23.03

Date

605-341-6216

Daytime Phone #

CR2E081 (10/02)

4/30