

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

DOCUMENT # P95000034751

1. Corporation Name

REGINA COOK INC.

99 OCT 25 PM 3: 58

Principal Place of Business

4633 GOLF CLUB LANE
BROOKSVILLE FL 34609
US

Mailing Address

4635 GOLF CLUB LANE
BROOKSVILLE FL 34609
US



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

2. New Principal Office Address, If Applicable
5193 GOLF CLUB LN
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
5193 GOLF CLUB LN.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business In Florida

05/04/1995

5. FEI Number

59-3306468

Applied For

Not Applicable

City & State
BROOKSVILLE, FL

City & State
BROOKSVILLE, FL

Zip
34608

Country
HERNANDO

Zip
34609

Country
HERNANDO

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
P	COOK, REGINA	5193 GOLF CLUB LANE	BROOKSVILLE FL

300003033283--4
-11/02/99--01111--007
****150.00 ****150.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent

COOK, REGINA
5193 GOLF CLUB LANE
BROOKSVILLE FL 34609

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Handwritten signature of Regina M. Cook

REGISTERED AGENT MUST SIGN

Date

10/21/99

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:

Handwritten signature of Regina M. Cook
REGINA M. COOK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/99

Date

352-848-0960

Daytime Phone #