PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FL FORMANT PREINSTANDAMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			OI OCT 29 PM 12: 22		
DOCUMENT # P95000081775 1. Corporation Name						01 OCT 29 PM 12: 2			
cox v	/ENTUF	RES VI, INC.					"- 	(2	
Rringinal D	lace of Busin	000	Marilian Add						
100 HIGHV DESTIN FL US	VAY 98 E	ess	3107 WOOD	Mailing Address 3107 WOODS WAY GULF BREEZE FL 32561 US					
If above addresses are incorrect in any way, line through incorrect information and enter correction below									
2. New Pr		Address, If Applicable		New Mailing Office Address, If Applicable Suite, Apt. #, etc.			Date Incorporated or Qualified To Do Business in Florida 10/24/1995		
			بعضعت حال			-5.∝FEI.Numbe		Applied For	
City & State	e		City & State			59-3351723 Not Applicable			
Zip	ip Country		Zip Coun		ountry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	Idresses of Each Officer and	l/or Director (Flo	orida nonprofit con	porations must list at lea	ast 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
STD	MONTGOMERY, ROBERT B			3701 CYLON	3701 CYLON DR		GULF BREEZE FL		
Р	COX, CHAN E			4045 LAUREN COURT			DESTIN FL 32541		
V ADAMS, JAMES F				P O BOX 21	6		DESTIN FL 32540		
						20	10004585 -11/20/01 ****15 4 50	99926 01080023 ((V### 150.00	
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
Name									
COX, CHAN E 4045 LAUREN COURT					Street Address (F	Street Address (P.O. Box Number is Not Acceptable)			
	N FL 32541				Suite, Apt. #, Etc.				
				City			Sta	ite Zip Code	
							F		
 I, being ignature o egistered 	: <i>(</i> 2	e registered agent of the ab	ove named corpo		ar with and accept the ob	oligations of Secti	on 607.0505, F.S.	. 101	
		R	EGISTERED AG	ENT MUST SIGN					
this rein owed by	statement app the corporat	officer or director or the rece plication, the reason for diss ion have been paid and the true and accurate, and my si	olution has been names of individ	eliminated, the cu uals listed on this	orporate name satisfies to form do not qualify for a	the requirements an exemption und	of section 607.0401 or 617	.0401, F.S., that all fees	

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



October 26, 2001

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Cox Ventures VI, Inc. FEIN 59-3351723

On October 15, 2001, a "Notice of Administrative Dissolution or Revocation" was received in our office for the above referenced corporation. This is the only notice we have seen.

The current staff, myself included, are all new. We have been working here for about three months. Our only recourse was to rely on the records left to us by the former office staff. Those records include a copy of a check, dated March 15, 2001, for the "Uniform Business Report" and a copy of the signed report dated March 16, 2001(copies enclosed).

Further research has revealed that this check #3614 for \$150.00 has not cleared our bank and to our knowledge it has never been returned. We are putting a "Stop Payment" on this check.

Enclosed is a replacement check for \$150.00. Also enclosed is the "Application for Reinstatement" signed by the Registered Agent and President of the corporation. It is my hope that after careful consideration you will conclude that payment was attempted in accordance with accepted procedures in a timely manner, and by concluding the check was lost in the mail, you will accept our payment and reinstate the corporation.

Respectfully,

David Burmeister Comptroller