PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
*Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN -2 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000008747

1. Corporation Name

TOM COOK, INC.

Principal Place of Business	Mailing Address
330 E. CENTRAL BLVD. # 100 ORLANDO, FL 32801	400 E. COLONIAL DR. # 510 ORLANDO, FL 32803

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/95

5. FEI Number: 59-3362359 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	TOM D. COOK	400 E. COLONIAL DR. # 510	ORLANDO, FL 32803
V. Pres	"		
Sec	"		
Treas	"		

000002393290--8
-01/07/98--01105--016
****758.75 ****758.75

8. Name and Address of Current Registered Agent

DYKES EVERETT, [redacted], ESQUIRE
250 PARK AVE. SOUTH
WINTER PARK, FL 32789

9. Name and Address of New Registered Agent

Name: Georgiana A. Morrison
Street Address (P.O. Box Number is Not Acceptable): 330 E. Central Blvd.
Suite, Apt. #, Etc.: Suite 100
City: Orlando | State: FL | Zip Code: 32801

CR2E040 (12/96)

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: Georgiana A. Morrison
REGISTERED AGENT MUST SIGN
Date: 12-28-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: Tom D. Cook — TOM D. COOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/97 Date — 407-423-1200 Daytime Phone #