

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

97-98 AR

FILED

98 OCT -2 PM 12:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000043449

1. Corporation Name
 COX-ROUSE CONSTRUCTION AND DEVELOPMENT, CORP.

Principal Place of Business Mailing Address
 12538 LAKEVIEW LANE | P.O. BOX 120597
 CLERMONT, FL. 34711 | CLERMONT, FLORIDA
 34712-0597

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

2. New Principal Office Address, If Applicable
 12538 LAKEVIEW LANE

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida
 MAY 15 1996

Suite, Apt. #, etc.
 City & State
 CLERMONT, FL.
 Zip
 34711

Suite, Apt. #, etc.
 City & State
 LAKE
 Zip
 LAKE

5. FEI Number
 59-3415410
 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	David M. Cox	12538 LAKEVIEW LANE CLERMONT, FL. 34711	CLERMONT, FLORIDA 34711

200002658602-2
 -10/08/98-01008-002
 ****315.00 ****315.00

8. Name and Address of Current Registered Agent

DAVID M. COX
 12538 LAKEVIEW LANE
 CLERMONT, FL. 34711

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 *David M. Cox*
 REGISTERED AGENT MUST SIGN

Date 9/29/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: *David M. Cox*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/29/98
 Date
 352-394-6299
 Daytime Phone #

CR2E040 (1-98)