


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	<div>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</div> 03 MAY -9 AM 10:58	
DOCUMENT # <u>P-96000076589</u>				
1. Corporation Name <u>Cochise Consultancy, Inc.</u>				
2. Principal Office Address <u>5202 Silverado way</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>PO Box 910</u> <small>Suite, Apt. #, etc.</small>		
City & State <u>Valrico, FL</u>		City & State <u>Oldsmar, FL</u>		
Zip <u>33594</u>	Country <u>USA</u>	Zip <u>34677</u>	Country <u>USA</u>	
		4. Date Incorporated or Qualified To Do Business in Florida <u>09/13/1996</u>		
		5. FEI Number <u>593422631</u>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status		
7. Name and Address of Current Registered Agent				
Name <u>Jesse L. Johnson</u>				
Street Address (P.O. Box Number is Not Acceptable) <u>5202 Silverado way</u>				
Suite, Apt. #, Etc. <u></u>				
City <u>VALRICO</u>		State <u>FL</u>	Zip Code <u>33594</u>	
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 <u>Jesse L. Johnson</u>		Date <u>05/09/03--01074--029 **45</u>		
REGISTERED AGENT MUST SIGN				
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	
<u>PTD</u>	<u>Jesse L. Johnson</u>	<u>5202 Silverado way</u>	<u>VALRICO, FL 33594</u>	
<u>SD</u>	<u>Judith C. Johnson</u>	<u>5202 Silverado way</u>	<u>VALRICO, FL 33594</u>	
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: <u>Judith C. Johnson</u> <u>04/28/03</u> <u>(813)643-0022</u>				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>	

FAX-813-643-1007

CR2E001 (10/02)

To: Florida Department of State

Attention: Reinstatement Section

Date: 04/28/03

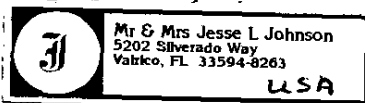
This letter is to inform this department that we did not receive the bill for these two years. We were over seas and the mailing address we had down for the bill to go had changed. The old address was P.O. Box 425, Dunedin, FL 34697. That was changed to the new address. P.O. Box 910, Oldsmar, FL 34677. Therefore we were unaware of this bill.

I am enclosing the form and check for the amount of four hundred and fifty dollars for the two years. And I am also enclosing the eight dollars and seventy five cents for the certificate of status.

Thanking you in advance,

Judith C. Johnson

Judith C. Johnson



tel. 813-643-0022
FAX. 813-643-1007

Cochise Consultancy, Inc.
FEI # 593422631