

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 NOV -5 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000080021

1. Corporation Name

K. Cook Realty + Mortgage
Mnch, Inc.

3402 Holly Springs Drive : Physical Address

2. Principal Office Address - No P.O. Box #

P.O. Box 4004

3. Mailing Office Address

P.O. Box 4004

Suite, Apt. #, etc.

Spring Hill, Florida

Suite, Apt. #, etc.

Spring Hill, Florida, 34611

City & State

34607 Spring Hill, FL

City & State

Spring Hill, Florida

Zip

34607 Hernando

Zip

34611 Hernando

Name and Address of Current Registered Agent

Name Karen Cook
3402 Holly Springs Drive

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

Suite, Apt. #, Etc.

Spring Hill, Florida

34607

City

State

FL

Zip Code

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

Karen Cook

Date 10-31-2014

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>Pres.</u>	<u>Karen Cook</u>	<u>3402 Holly Springs Dr.</u>	<u>Spring Hill, FL, 34607</u>
<u>Vice Pres.</u>	<u>Karen Cook</u>	<u>3402 Holly Springs Dr.</u>	<u>Spring Hill, FL, 34607</u>
<u>Sec</u>	<u>Karen Cook</u>	<u>3402 Holly Springs Dr.</u>	<u>Spring Hill, FL, 34607</u>
<u>Treas</u>	<u>Karen Cook</u>	<u>3402 Holly Springs Dr.</u>	<u>Spring Hill, FL, 34607</u>
REINSTATEMENT 2013-2014			

10. E-mail Address: Caroline.hollysprings@gmail.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

Karen Cook

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-31-2014

Date

Daytime Phone #