

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000028166

1. Corporation Name

COX, KRAAY & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

11320 ROCKINGHOUSE ROAD
COOPER CITY FL 33026

11320 ROCKINGHOUSE ROAD
COOPER CITY FL 33026

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

2560 N HUACHUCA AVE

Suite, Apt. #, etc.
2560 N. HUACHUCA AVE

TUCSON AZ

TUCSON AZ

City & State

City & State

Zip

Country

Zip

Country

85745

USA

85745

USA

REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified To Do Business In Florida	03/25/1997
5. FEI Number	65-0741980
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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
D	COX, DWIGHT A	11320 ROCKINGHOUSE ROAD 7354 E. Valley Lights Pl	COOPER CITY FL 33026 Tucson, AZ 85750
D	KRAAY, EUGENE S	11320 ROCKINGHOUSE ROAD 5391 Ventana Overlook Pl	COOPER CITY FL 33026 Tucson, AZ 85750

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COX, DWIGHT A
11320 ROCKINGHOUSE ROAD
COOPER CITY FL 33026

Name
Melody R. Lavrich, E.A.
Street Address (P.O. Box Number is Not Acceptable)
3990 Sheridan Street.
Suite, Apt. #, Etc.
Suite 108
City
Hollywood
State
FL
Zip Code
33021

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

Melody R. Lavrich

REGISTERED AGENT MUST SIGN

Date 12/22/98

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:

Melody R. Lavrich
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12/17/98

Daytime Phone # 520/882-5530

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