

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000045510**

1. Corporation Name

**COOKE LAND CLEARING, INC.**

Principal Place of Business

Mailing Address

41660 LITTLE FARM ROAD  
PUNTA GORDA FL 33955

P. O. BOX 4399  
NORTH FT. MYERS FL 33918-4399  
US

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

05/19/1997

5. FEI Number

65-0758484

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



**REINSTATEMENT** 03

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	4 City / State / Zip
SVP	COOKE, NAIDA	41660 LITTLE FARM RD	PUNTA GORDA FL 33982
VP	ELMORE, WILLIAM	17761 WELLS RD	NORTH FT. MYERS FL 33917
DPT	COOKE, TERRY J	41660 LITTLE FARM RD	PUNTA GORDA FL 33955

700023967227  
10/21/03--01051--018 \*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COOKE, TERRY J  
41660 LITTLE FARM ROAD  
PUNTA GORDA FL 33955

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. or 617.0505, F.S.

Signature of Registered Agent   
REGISTERED AGENT MUST SIGN

Date 10/17/03

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., 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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/03 239.567-1089  
Date Daytime Phone #

CR2E040 (7/03)