

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 FEB 13 PM 2:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # pa7000087501

1. Corporation Name

COX-MARTINDALE INC.

2. Principal Office Address

1376 RORDON AVE.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34103

Country

USA

3. Mailing Office Address

1376 RORDON AVE.

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34103

Country

USA

**REINSTATEMENT**

03-04

700028739517

02/13/04--01042--016 \*\*150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

Oct 9 1997

5. FEI Number

59-3472685

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C Jeffrey Cox

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

1376 RORDON AVE

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34103

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

C Jeffrey Cox

REGISTERED AGENT MUST SIGN

Date

1-31-04

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>C Jeffrey Cox</u>	<u>1376 RORDON AVE</u>	<u>NAPLES FL 34103</u>
<u>V.Pres</u>	<u>PATTY P COX</u>	<u>1376 RORDON AVE</u>	<u>NAPLES FL 34103</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:

C Jeffrey Cox

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-31-04

Daytime Phone #

CR2E081 (10/02)

Cox Martindale, Inc.  
1376 Rordon Avenue  
Naples FL 34103-4577  
239-774-1789

January 31, 2004

To Whom It May Concern:

This letter and attached form is requesting the reinstatement of the Corporation, Cox Martindale, Inc. On 2 occasions I've spoken to your helpful office staff. They have informed me that the 2003 Corporate filing was received by your office including the appropriate payment. Said payment was in the form of a check in the amount of \$150.00 dated 4/10/2003. In error, I did not enter the FEI # on the 2003 form. Your office sent me notice requesting the FEI #. I did not receive this notice. This resulted in the Corporation being administratively dissolved on 09/19/2003. When I called to inquire how to rectify this situation your office staff sent me the appropriate paperwork indicating the reinstatement fee would be waived. I hope that this will finally resolve this matter to your satisfaction.

At your request I've included a check in the amount of \$150.00 for 2004.

If there is anything else I need to do or any questions you may need answered please contact me, Jeff Cox, at 239-253-3913.

Sincerely,



Jeff Cox  
President