

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jill Smith
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 24 AM 8:01

DOCUMENT # P98000089418

1. Corporation Name

Cole Holdings, Inc.

2. Principal Office Address

10 Nurmi Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

3. Mailing Office Address

10 Nurmi Drive

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/20/98

5. FEI Number

65-0870182

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

James O. Cole

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

10 Nurmi Drive

Suite, Apt. #, Etc.

City

Fort Lauderdale, Florida

State
FL

Zip Code

33301

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12/10/02

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
D	Ada C. Cole	10 Nurmi Drive	Fort Lauderdale, Florida 33301
DCEO	James O. Cole	10 Nurmi Drive	Fort Lauderdale, Florida 33301

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:

[Signature]

James O. Cole, CEO

12/10/02

954-527-6229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

11/31/02 aw

COLE HOLDINGS, INC.
10 Nurmi Drive
Fort Lauderdale, Florida 33301

Department of State
Division of Corporations
Attn: Corporation Reinstatement
P.O. Box 6327
Tallahassee, Florida 32314

RE: Cole Holdings, Inc. (the "Corporation")
Document No.: P98000089418

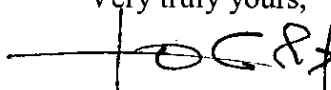
Dear Sir or Madam:

Please accept and file the enclosed executed Corporation Reinstatement form for the above-referenced Corporation. Also, enclosed is my check for \$150.00, payable to the Department of State for the 2002 Uniform Business Report filing fee. A 2002 Uniform Business Report was not received at the Corporation's principal or mailing address; therefore, please waive the reinstatement fee and costs.

Should you have any questions regarding the enclosed, please do not hesitate to contact me at the following number (954) 527-6229.

Thank you in advance for your assistance.

Very truly yours,



James O. Cole, Chief Executive Officer