

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

1062
FILED
00 DEC 11 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105328

1. Corporation Name

COCI, INC.

2. Principal Office Address

2901 Rigsby Lane

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

Zip

34695

Country

USA

3. Mailing Office Address

2901 Rigsby Lane

Suite, Apt. #, etc.

City & State

Safety Harbor, FL

Zip

34695

Country

USA

REINSTATEMENT

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

Dec. 18, 1998

5. FEI Number
59-3555568

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

Robert A. Forlizzo

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

2901 Rigsby Lane

Suite, Apt. #, Etc.

City

Safety Harbor

State

FL

Zip Code

34695

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

Date December 5, 2000

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
P/D	Michael P. Connor	2901 Rigsby Lane	Safety Harbor, FL 34695
S/T/ V/D	George K. Kidman	2901 Rigsby Lane	Safety Harbor, FL 34695
V	Michael T. Wagner	2901 Rigsby Lane	Safety Harbor, FL 34695
D	Robert A. Forlizzo	2903 Rigsby Lane	Safety Harbor, FL 34695

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael T. Wagner, Vice President

12/5/2000

Date

(727) 726-1115

Daytime Phone #

CR2E081 (9/99)



P48000105388 2062

ACCOUNT NO. : 072100000032

REFERENCE : 926249 85036A

AUTHORIZATION :

COST LIMIT : \$ 758.75

Patricia Pajot

ORDER DATE : December 11, 2000

ORDER TIME : 12:12 PM

ORDER NO. : 926249-005

CUSTOMER NO: 85036A

CUSTOMER: Robert A. Forlizzo, Esq
Forlizzo Law Group, P.a.
2903 Rigsby Lane

Safety Harbor, FL 34695

DOMESTIC FILINGS

NAME: COCI, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS _____

RECEIVED
00 DEC 11 PM 12:50
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA