

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Governor Jeb Bush
Secretary of State
DIVISION OF CORPORATIONS

2000 UBR

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # P99000099595

1. Corporation Name

COOKE MOTOR LINES, INC.

Principal Place of Business

10388 OAK CIRCLE
LAKE WALES FL 33853

Mailing Address

10388 OAK CIRCLE
LAKE WALES FL 33853

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

59 RIDGEWOOD DR

Suite, Apt. #, etc.

City & State
CRAWFORDVILLE FL

Zip
32327

Country
WAKULLA

3. New Mailing Office Address, If Applicable

59 RIDGEWOOD DR

Suite, Apt. #, etc.

City & State
CRAWFORDVILLE, FL

Zip
32327

Country
WAKULLA

4. Date Incorporated or Qualified
To Do Business in Florida

11/15/1999

5. FEI Number

593609003

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COOKE, HAROLD	10388 OAK CIRCLE	LAKE WALES FL 33853
VD	COOKE, JOHNNY	3807 UPLAND PLACE	VALRICO FL 33594
STD	HANNAH, DEBORAH J	8422 PINE OAK RD	TALLAHASSEE FL 32310

200003473452-3
-11/21/00--01108--013
****158.75 ****158.75

8. Name and Address of Current Registered Agent

HANNAH, DEBORAH J
8422 PINE OAK RD
TALLAHASSEE FL 32310

9. Name and Address of New Registered Agent

Name

Deborah J. Hannah

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

59 RIDGEWOOD DR

Suite, Apt. #, Etc.

City

CRAWFORDVILLE

State

FL

Zip Code

32327

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

Deborah J. Hannah

REGISTERED AGENT MUST SIGN

Date 10-30-00

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.

KE

SIGNATURE:

C. Harold Cooke

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-30-00

Date

850 421 8515

Daytime Phone #

CR2E040 (8/00)

Oct 30, 00 282

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314-6327

Dear Sir

On this date I spoke on the phone with TYRONE in your office and advised him the notice of revocation was the only notice I ever received. ~~from~~ your office I am requesting the late charge be waived.

Enclosed is a check for \$158.75, the amount Tyrone advised me to submit for re-instatement status and a new certificate

Thank you, C. Harold Cooke Pres. Cooke Motor
Lines Inc. 59 Redwood Dr Crawfordville, FL
32327