PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

## APPLICATION **FOR**

**DOCUMENT#** 1. Corporation Name

Principal Place of Business

10388 OAK CIRCLE

COOKE MOTOR LINES, INC.



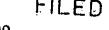
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SECRETARY OF STATE TALLAHASSEE FLORIDA



The House

Mailing Address	
	1 18811 8 11 11 11 11 11 11 11 11 11 11
10388 OAK CIRCLE	

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LAKE WALES FL 33853 LAKE WALES FL 33853								
				:				
	ddresses are incorrect in any way, line thro	ugh incorrect in	formation and enter o	correction below.	4 Data Incorp	reted or Qualified		
2. New Principal Office Address, If Applicable 3. New Mailin 59 R106EWOOD DR 59 R		ng Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida     11/15/1999				
Suite, Apt. #		Suite, Apt. #,			5. FEI Number		Applied For	
City & State		City & State				69003	Not Applicable	
CRAW	FORDUILLE FL	LLEAU	FORD Ville	PL	6.			
Zip 3232	27 WAKULLA	<sup>zig</sup> 3232	7 Country	Kulla		OF STATUS DESIRED (2) S8.7	Additional Fee required ra Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flo	rida nonprofit corpora	tions must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors			eet Address of Each ficer and/or Director		City / Sta	te / Zip	
PD	COOKE, HAROLD		10388 OAK CIR	CLE		LAKE WALES FL 33853		
VD \	COOKE, JOHNNY		3807 UPLAND F	PLACE		VALRICO FL 33594		
STD	HANNAH, DEBORAH J	8422 PINE OAK RD				TALLAHASSEE FL 32310		
24 ,						20000347: -11/21/00- ****158.7	3 <b>45</b> 23 -01108013 5 ****158.75	
	8. Name and Address of Current I	Registered Age	ont . —		9. Name and Address of New Registered Agent			
				Name	J T. H	lannah		
HANNAH, DEBORAH J				Deborah J. Hannah  Street Address (P.O. Box Number is Not Acceptable)				
				deewood DR				
TALLA	HASSEE FL 32310			Suite, Apt. #, Etc.	•			
				CRAWfo	ndu:11e	State FL	Zip Code 3 232 7	
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar w	ith and accept the o	bligations of Secti	on 607.0505, F.S.		
Signature of Registered Agent Delio (ab. 5) Hannah Date 10-30.00								
	<b>K</b>	GISTERED AG	ENT MUST SIGN					
this rein: owed by	that I am an officer or director or the receivistatement application, the reason for dissort the corporation have been paid and the rapplication is true and accurate, and my signification.	lution has been names of individ	eliminated, the corpo luals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption und	of section 607.0401 or 617.04	01, F.S., that all fees	

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Cosporations P.O. Box 6327 Jalla hassee, 7f 32314-6327

On this date I spoke on the phone with Tyront in your office and advised him the notice of necocation was the only notice I ever received, forom your office I am requesting the late change be waived. Dear Sir

Exclosed is a cheek for 158.75, the amount Tyrone advised me to submit for re-instatement slature and a new Certificate 1 1 1 1.1. 111 at Donk gon, C. Harded Cooke Pres, Cooke Motor L'enes lue. 59 Redwood Dr Crowford velle, 77

32327