

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 22 AM 8:00

DOCUMENT # S52201

1. Corporation Name

CACHE INVESTMENTS, INC.

**REINSTATEMENT**

99-04

400027378114  
01/22/04--01007--024 \*\*1508.75

MRS

2. Principal Office Address

132 South 100 South

Suite, Apt. #, etc.

P.O. Box 185

City & State

Newton, Utah

Zip

84327

Country

USA

3. Mailing Office Address

31 Federal Avenue

Suite, Apt. #, etc.

City & State

Logan, Utah

Zip

84321

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5/13/91

5. FEI Number

59306482

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

David L. Cooley

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

1910 East Flora Street

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33610

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

David L. Cooley

REGISTERED AGENT MUST SIGN

Date January 2, 2004

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| C/D/P  | David L. Cooley                      | 132 South 100 East                                | Newton, Utah 84327 |
| D/S    | Joyce S. Cooley                      | 132 South 100 East                                | Newton, Utah 84327 |
| V.     | Lyle R. Cooley                       | 132 South 200 East                                | Newton, Utah 84327 |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

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

David L. Cooley, Director & President

1/2/04  
Date

(435) 787-0051

Daytime Phone #