

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 AUG 25 AM 8:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

S71403

1. Corporation Name

C & D Cotton Corporation

2. Principal Office Address

1514 Neptune Road

3. Mailing Office Address

1514 Neptune Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, Florida

City & State

Kissimmee, Florida

Zip

34744

Country

U.S.A.

Zip

34744

Country

U.S.A.

REINSTATEMENT

9800

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

8-2-91

5. FEI Number

59-3085745

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

Ronald Phillips

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

1514 Neptune Road

Suite, Apt. #, Etc.

City

kissimmee

State

FL

Zip Code

34744

8000003384758-5

-09/07/00--01013--005

1050.00 *1050.00

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**

Ronald Phillips

REGISTERED AGENT MUST SIGN

Date 8-22-00

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	Ronald N. Phillips	1514 Neptune Road	Kissimmee, FL 34744

KE

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

Ronald Phillips

Ronald Phillips

Date

8-22-00 407-847-6699

Daytime Phone #

CR2E081 (9/99)