

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P11655

99 NOV -1 PM 4:36

1. Corporation Name
COHIG & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6300 S. SYRACUSE WAY SUITE 400 ENGLEWOOD CO 80111 US	6300 S. SYRACUSE WAY SUITE 400 ENGLEWOOD CO 80111 US



REINSTATEMENT

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

2. New Principal Office Address, If Applicable 6300 S. Syracuse Way Suite, Apt. #, etc. Suite 645 City & State Englewood CO Zip 80111 Country USA		3. New Mailing Office Address, If Applicable 6300 S. Syracuse Way Suite, Apt. #, etc. Suite 645 City & State Englewood, CO Zip 80111 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 10/02/1986	
5. FEI Number 84-0980477				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$875 A Federal 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)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CEO	HINKLE, STEVEN R	6300 S SYRACUSE WAY, SUITE 400 6300 S, Syracuse way #645	ENGLEWOOD CO 80111
S	BEAN, RUSSELL K.	6300 SO SYRACUSE WAY, SUITE 400 6300 S. Syracuse Way #645	ENGLEWOOD CO 80111
C	LOWE, TERRI E	6300 S. SYRACUSE WAY, SUITE 400 6300 S. Syracuse Way #645	ENGLEWOOD CO 80111
VP	LEWELLING, ELLEN A.	6300 SO SYRACUSE WAY, SUITE 400 6300 S. Syracuse Way #645	ENGLEWOOD CO 80111
VP P	LAVIGNE, DAVID	6300 S SYRACUSE WAY #400 6300 S. Syracuse Way #645	ENGLEWOOD CO 80111

8. Name and Address of Current Registered Agent NORTON, GREG 1200 N FEDERAL HWY #301 BOCA RATON FL 33432		9. Name and Address of New Registered Agent Name Norton, Gregg Street Address (P.O. Box Number is Not Acceptable) 1200 N Federal Hwy Suite, Apt. #, Etc. #325 City Boca Raton State FL Zip Code 33432	
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.
Signature of Registered Agent: *[Signature]* Date: 10/14/99
REGISTERED AGENT MUST SIGN

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)(l), 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]* Terri E. Lowe Date: 10/14/99 800-289-5691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

AD

CR2000 (8/99)