

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 31 PM 4:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 114330

1. Corporation Name

KOMOKO CORPORATION

Principal Place of Business

C/O V. W. RICHARDS
10545 S.W. 52ND TERRACE
MIAMI FL 33165

Mailing Address

C/O V. W. RICHARDS
10545 S.W. 52ND TERRACE
MIAMI FL 33165

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/1927

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-6063999

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DS	RICHARDS, WILLIAM G.	10545 SW 52ND TERRACE	MIAMI FL
DP	RICHARDS, VANESSA W.	10545 SW 52ND TER	MIAMI FL
DV	WILLIAMS, SHARON L.	10965 SW 116 ST	MIAMI FL
D	WILLIAMS, CHARLES E.	10965 SW 116 ST	MIAMI FL
REINSTATEMENT 97-98			
97-98			

8. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI
100 CHOPIN PLAZA
1500 EDWARD BALL BLDG.- MIAMI CENTER
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name Sharon Williams
Street Address (P.O. Box Number is Not Acceptable)
10965 S.W. 116 ST
Suite, Apt. #, Etc.

City MIAMI

State FL

Zip Code 33176

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

Sharon Williams
REGISTERED AGENT MUST SIGN

Date

12/5/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on Intangible tax.)

12. 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)(f), 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:

Vanessa W. Williams
President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/5/98

Daytime Phone #

305-279-3605

305-274-6012

CR2E040 (8/97)