

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

01 OCT 26 PM 2:02

DOCUMENT # **588655**

1. Corporation Name

**COCO BAY, INC.**

Principal Place of Business

Mailing Address

5101 NW 36 AVE  
MIAMI FL 33142

5101 NW 36 AVE  
MIAMI FL 33142

REINSTATEMENT

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

10/05/1978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-1919898

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MASH, STEPHEN T	21536 LAGUNA DR	BOCA RATON FL 33433
VP	ENGLISH, ALAN	15050 SW 16TH ST	PEMBROKE PINES FL 33027
VP	LEVY, BARRY	7621 SW 102 PLACE	MIAMI FL 33173
			000004677990--6 -11/14/01--01019--022 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~MASH, STEPHEN T~~  
~~21536 LAGUNA DR~~  
~~BOCA RATON FL 33433~~

Name

ALAN ENGLISH

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

15050 SW 16<sup>th</sup> STREET

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

Zip Code

FL

33027

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

*[Signature]*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/23/01

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)(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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN ENGLISH

Date

Daytime Phone #

10/23/01 (305) 637-0206