

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC -9 PM 12: 26

DOCUMENT # F04000005095

1. Corporation Name

COCONUT GROVE INTIMATES INC.

2. Principal Office Address - No P.O. Box #

1255 HILL AVE.

3. Mailing Office Address

1255 HILL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH FL

City & State

WEST PALM BEACH, FL

Zip

33407

Country

USA

Zip

33407

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/31/2004

5. FEI Number

98-0104743

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

HYLTON KARON

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

1255 HILL AVE.

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33407

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Hylton Karon

REGISTERED AGENT MUST SIGN

Date

11/26/09

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
CPS	KARON, HYLTON	1255 HILL AVE	WEST PALM BEACH, FL 33407

10. E-mail Address: HYLTONK@ME.COM

(To be used for future annual report notification)

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. I further certify, 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:

Hylton Karon

HYLTON KARON

NOV 26, 2009

Date

(905) 752-0566

Daytime Phone #