

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

00 FEB -9 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**

98-2000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F33160

1. Corporation Name

TEN COCONUT, INC

2. Principal Office Address

1315 10th STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

US

3. Mailing Office Address

1315 10th STREET

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34236

Country

US

REINSTATEMENT

98-180

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

4/30/81

5. FEI Number

59-2163335

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

DUNCAN CHAMBERLAIN

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

1315 10th STREET

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34236

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 02-07-2000

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
PRES.	JOHN CHAMBERLAIN	1315 10 th STREET	SARASOTA, FL 34236
OFFICER	DUNCAN CHAMBERLAIN	1315 10 th STREET	SARASOTA, FL 34236
			000003136460--7 02/15/00 01117 009 ***1050.00 ****1050.00
			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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2000

JOHN CHAMBERLAIN 941-366-0926

Date

Daytime Phone #

CR2E081 (9/99)