

\$ 750

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -6 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G94088

1. Corporation Name

Coco Design Associates, Inc.

2. Principal Office Address

1216 E Lee Street

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503

Country

USA

3. Mailing Office Address

PO Box 9286

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32513

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

59-3573587

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

P. Jay Massey

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

1216 E Lee Street

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

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

P. Jay Massey

REGISTERED AGENT MUST SIGN

Date

10-28-02

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.	P. Jay Massey	1216 E Lee Street Pensacola, FL 32503	Pensacola, FL 32503
V.P.	Joann Massey	1216 E Lee Street Pensacola, FL 32503	Pensacola, FL 32503
Sec.	Barbara Irps	2617 Youngwood Ln	Cantonment, FL 32533

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:

P. Jay Massey

10/28/2002

850-434-7937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #