

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

02 JAN -2 AM 11:25

DOCUMENT # **H01360**

1. Corporation Name

**COCONUT CODE, INC.**

Principal Place of Business

1430 S FEDERAL HWY.  
SUITE 302  
DEARFILED BEACH FL 33441

Mailing Address

1430 S FEDERAL HWY.  
SUITE 302  
DEARFILED BEACH FL 33441

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

2. New Principal Office Address, If Applicable

**673 S. Federal HWY.**

Suite, Apt. #, etc.

City & State

**Deerfield Beach FL**

Zip

**33441**

Country

**USA**

3. New Mailing Office Address, If Applicable

**673 S. Federal HWY.**

Suite, Apt. #, etc.

City & State

**Deerfield Beach FL**

Zip

**33441**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/30/1984**

5. FEI Number

**59-2556411**

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
<del>D</del>	<del>GOLDEN, J. K.</del>	<del>641 SW 16 TH ST</del>	<del>BOCA RATON FL 33486</del> <b>Delete</b>
<del>WFO</del>	<del>WOTELL, CLEMENT E.</del>	<del>1209 SW WALNUT TERRACE</del>	<del>BOCA RATON FL</del> <b>Delete</b>
PD	WOTELL, MARK E.	1150 SW 17TH STREET	BOCA RATON FL
VD	WOTELL, EUGENE J.	1191 SW 17TH STREET	BOCA RATON FL
D	WOTELL, MATTHEW J	1299 SW 9TH ST	BOCA RATON FL 33486

8. Name and Address of Current Registered Agent

WOTELL, MARK E  
1150 SW 17TH ST  
BOCA RATON FL 33486

9. Name and Address of New Registered Agent

Name

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

**300004768973--9**

Suite, Apt. #, Etc.

**-01/11/02--01037--007**

**\*\*\*750.00 \*\*\*750.00**

City

State

**FL**

Zip Code

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

*Mark E. Wotell*

Date

**12/31/01**

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Mark E. Wotell**

Date

**12/31/01**

Daytime Phone #

**954 481 9231**

CR2E040 (8/01)