

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/1/02

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN 25 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J 30048

1. Corporation Name

COCONUT PALMA'S, INC.

2. Principal Office Address

59740 OVERSEAS HWY

Suite, Apt. #, etc.

City & State

MARATHON, FL

Zip

33050

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SAME

Zip

Country

REINSTATEMENT 04-05

4. Date Incorporated or Qualified
To Do Business in Florida

8/22/86

5. FEI Number

59-2714709

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

DESIREE TROBIS

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

58875 OVERSEAS HIGHWAY

Suite, Apt. #, Etc.

City

MARATHON,

State

FL

Zip Code

33050

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

Desiree Trobis

Date

1/20/05

REGISTERED AGENT MUST SIGN

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
<u>PDS</u>	<u>MANUEL SIERRA</u>	<u>59740 OVERSEAS HWY</u>	<u>MARATHON, FL 33050</u>
<u>TS</u>	<u>DESIREE TROBIS</u>	<u>58875 OVERSEAS HWY</u>	<u>MARATHON, FL 33050</u>

400046025754

02/04/05 01037 016 **300.00

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:

Desiree Trobis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/05 305/743-0776

Daytime Phone #

CR2E081 (01/05)

HS 282

Busch & Morato
Certified Public Accountants

January 20, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Coconut Palma's, Inc.
P30048

To Whom It May Concern:

Attached please find a completed Corporation Reinstatement form and a check in the amount of \$300.00. The above referenced client did not receive the annual report last year and therefore did not submit the filing fee. We respectfully request that you abate the penalties and reinstate their corporation.

Thank you in advance for your prompt attention to this matter.

Sincerely,

McMorato, CPA

Marlene Cruz Morato, CPA

5800 Overseas Highway, Suite 6
Way
Marathon, Florida 33050
33043
(305) 743-4599 phone
phone
(305) 743- 7044 fax
fax

17 Ships
Big Pine Key, Florida
(305) 872-3200
(305) 872-3213