

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# K77204

FILED  
Oct 26, 2008  
Secretary of State

Entity Name: COKOMO INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

3189 PIONEER RD  
VERNON, FL 32462 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 838  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

FEI Number: 59-2988330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MOORE, ARVIN C  
3189 PIONEER ROAD  
VERNON, FL 32462 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ARVIN C. MOORE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PTD ( ) Delete  
Name: MOORE, ARVIN C  
Address: 3189 PIONEER ROAD  
City-St-Zip: VERNON, FL 32462

Title: VD ( ) Delete  
Name: MOORE, ALAN H  
Address: 915 DELAWARE AVE  
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD ( ) Delete  
Name: MOORE, SUZANNE  
Address: 919 DELAWARE  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARVIN C. MOORE

PTD

10/26/2008

Electronic Signature of Signing Officer or Director

Date