

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000012623

Name and Mailing Address

0012757 01 AT 0.292 **AUTO T6 0 0615 33477-445624

CRAZY COCONUT, LLC
810 SATURN STREET, SUITE #24
JUPITER FL 33477-4456

03 DEC 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Mailing Address <i>319 Tequesta Dr.</i>		4. State/Country of Formation FL	
City, State, Zip <i>Tequesta, FL 33469</i>		5. Date Organized or Qualified To Do Business in Florida 05/23/2002	
Principal Place of Business 810 SATURN STREET, SUITE #24 JUPITER FL 33477	3. New Principal Place of Business Address <i>319 Tequesta Dr.</i>	6. FEI Number <i>27-001-6366</i>	Applied For Not Applicable
City, State, Zip <i>Tequesta, FL 33469</i>		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1640 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145		9. Name and Address of New Registered Agent Name <i>Pamela F. Hunt</i> Street Address (P.O. Box Number is Not Acceptable) <i>8971 SE Water Oak Place</i>	
		FL <i>33469</i>	
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent <i>PAMELA F. HUNT</i>		Date <i>12-23-03</i>	
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FAUCHER, CHERYL	810 SATURN STREET, SUITE #24	JUPITER FL 33477
MGR	HUNT, PAMELA G	810 SATURN STREET, SUITE #24	JUPITER FL 33477
<i>4000025771594 12/26/03-01039-003 **150.00</i>			
ALV		REINSTATEMENT <i>03</i>	

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Cheryl E. Faucher Date *12/23/03* Daytime Phone # *561-745-5055*

Typed or printed name of signing Managing Member/Manager

Cheryl E. Faucher

CR2E034 (7/03)