

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

03 DEC 26 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



2. Name Mailing Address

379 Tequesta Dr.

City, State, Zip
Tequesta, FL 33469

Principal Place of Business

810 SATURN STREET, SUITE #24
JUPITER FL 33477

3. New Principal Place of Business Address

379 Tequesta Dr.

City, State, Zip
Tequesta, FL 33469

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

05/23/2002

6. FEI Number

27-001-6366

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$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 Pamela F. Hunt

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

8971 SE Water Oak Place

City, State, Zip
Tequesta, FL 33469

FL 33469

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

PAMELA F. HUNT REQUIRED

Date 12-23-03

REGISTERED AGENT MUST SIGN

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, CHERLY L	810 SATURN STREET, SUITE #24	JUPITER FL 33477
MGR	HUNT, PAMELA G	810 SATURN STREET, SUITE #24	JUPITER FL 33477

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REINSTATEMENT

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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

Signature of Cheryl E. Faucher

Date

12/23/03

Daytime Phone #

561-745-5055

Typed or printed name of signing Managing Member/Manager

Cheryl E. Faucher