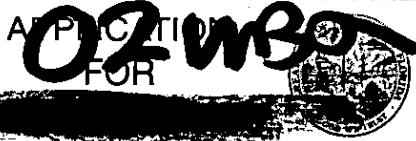


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 10:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N01000003462

1. Corporation Name:  
COCOA CARE INTERNATIONAL, INC.

Principal Place of Business

1150 W KING STREET  
COCOA FL 32922

Mailing Address

1150 W KING STREET  
COCOA FL 32922

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



09/16/02 90112 DN 6025

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

05/11/2001

5. FEI Number

65-109-4660

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
P/D	ERROL BECKFORD	1150 WEST KING ST. COCOA FL 32922	
V/D	KIM BECKFORD	35 GRANDVIEW BLV	COCOA FL 32922
S/D	TERRI PINKELTON	1119 MANATEE DRV	ROCKLEDGE FL 32955
D	WARREN PINKELTON	1119 MANTEE DRV	ROCKLEDGE FL 32955
"D"	TRACY FRANKENFIELD	5365 Fishtail PALM Avenue COCOA 32922 FL 32922	COCOA FL 32927
"D"	DR. ROBERT BOWERS	200 Grove Blvd.	Merritt Island, FL 32953

8. Name and Address of Current Registered Agent

BECKFORD, ERROL  
1150 W KING STREET  
COCOA FL 32922

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]*  
REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10-23-002

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321-638-0581  
10-23-002

CR2E040 (9/02)

Cocoa Care International Inc.



*Page 2 of 2*

Cocoa Care International Inc.  
Errol Beckford, Director

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1150 W. King St.  
Cocoa, Florida 32922  
(321) 638-0381

June 27, 2002

To Whom It May Concern:

Please be advised that we did not received your letter to make the change that you have requested. We have send in our report for the year 2001. This letter is to serve as a respond to your second letter.

Thank you,

*Errol Beckford*

Pastor Errol Beckford  
Director of Cocoa Care International Inc.