

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 24 PM 6:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N97000005465

1. Corporation Name

COCOA REVITALIZATION CORPORATION

Principal Place of Business

Mailing Address

603 BREVARD AVE.
COCOA FL 32922

603 BREVARD AVE.
COCOA FL 32922

REINSTATEMENT

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3480607

Not Applicable

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	ANDERSON, RON	411 SHEARER BLVD. (FLITE TECHNOL	COCOA FL 32922
D	ELLIS, STEVE	P.O. BOX 129 (NA)	COCOA FL 32923
D	GILFELLEN, WALTER	1519 CLEARWATER ROAD	COCOA FL 32922
D	GRAHAM, LINDA V	2725 ST. JOHNS ST., BLDG. B	MELBOURNE FL 32940
D	ROGERS, J. GARY	603 BREVARD AVE.	COCOA FL 32922
D	SHARPE, MARY	100 FORTENBERRY RD.	MERRITT ISLAND FL 32952 01/07/99-01081-006 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~AMARI, THERIAC & EISENMENGER, P.A.~~
~~96 WILLARD ST., STE. 302~~
~~ATTN: RICHARD S. AMARI~~
~~COCOA FL 32922~~

Name

AMARI + Theriac, P.A.

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

96 WILLARD STREET, STE. 302

Suite, Apt. #, Etc.

ATTN: Anthony A. Garganese, Esquire

City

Cocoa

State

FL

Zip Code

32922

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.

Signature of
Registered Agent

[Signature]

REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/21/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

12/16/98
Date

467-
631-2050
Daytime Phone #