

APPROVAL
AND
FILED

12 APR 20 2012

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000042678					
1. Corporation Name COCO HOLDINGS, INC.					
2. Principal Office Address - No P.O. Box # c/o Stroock & Stroock & Lavan LLP Suite, Apt. #, etc. 200 Biscayne Blvd., Suite 3100 City & State Miami, FL Zip 33131 Country USA			3. Mailing Office Address c/o Stroock & Stroock & Lavan LLP Suite, Apt. #, etc. 200 Biscayne Blvd., Suite 3100 City & State Miami, FL Zip 33131 Country USA		
			4. Date Incorporated or Qualified To Do Business in Florida 04/27/2001		
			5. FEI Number 65-1098941 ☐ Applied For ☐ Not Applicable		
			6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 additional fee requested for a Certificate of Status		
7. Name and Address of Current Registered Agent					
Name CT Corporation System					
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road					
Suite, Apt. #, Etc.					
City Plantation		State FL		Zip Code 33324	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S. Signature of Registered Agent <i>Madonna Cuddihy</i> Madonna Cuddihy Date 8/17/2012 REGISTERED AGENT Special Assistant Secretary					
9. Names and Street Addresses of Each Officer and/or Director (Outside non-profit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P	Oscar Cohen	c/o Stroock & Stroock & Lavan LLP 200 S. Biscayne Blvd. Suite 3100		Miami, FL 33131	
D	Oscar Cohen	c/o Stroock & Stroock & Lavan LLP 200 S. Biscayne Blvd. Suite 3100		Miami, FL 33131	
10. E-mail Address: oscarcohen@gmail.com (To be used for future annual report notification)					
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 search for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.					
SIGNATURE: <i>Oscar Cohen</i> Oscar Cohen		Date 8/17/2012		Daytime Phone # 347-666-2877	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FL018 - 08/18/2011 CT System Online

8/23/12

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

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**CORPORATION REINSTATEMENT
COCO HOLDINGS, INC.**

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