PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION Secretary of State Division of corporations		E	FILED 03 MAR -5 AM 10: 54			
DOCUMENT # P 610000 64790			GECRETARY OF STATE TALLAHASSEE, FLORIDA			
Cocoa Corner, INC.		!	Were William	LE, PEURIDA		
<u> </u>	, 4 , 7,00					
2. Principal Office Address	3. Mailing Office Address					
732 mason Aue	Same	2/21/	2/27/02 90001 034 150.0			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorpor	4. Date Incorporated or Qualified To Do Business in Florida			
City & State	City & State	5. FEI Number	ess in Florida	I Jan	olied For	
Laytong Boach, Fi	Zip Country	593	334312		Applicable	
32117 Same	Country	6. CERTIFICATE C	CERTIFICATE OF STATUS DESIRED 12 \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent						
Name	m Ahnona	ě			•	
Street Address (P.O. Box Number is Not Acceptable) 208 2 4 NE 30 TH - PLACE						
Suite, Apt. #, Etc.	100 30- 10	/				
Aventura:			State Zip Code	80 80		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.						
Signature of Registered Agent Date 3/4/03						
REGISTERED AGENT MUST SIGN						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)						
Titles Name of Officers and/or Directors	Street Address of Officer and/or Dire	ector		y / State / Zip		
Pres Chavron Oh	nona 732 mason	Acu A	ALTOWA !	BACHiF	7	
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10. 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 earth.						
2/1/12 28-25350						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Destination Phone * M. J.						

COCOA CORNER, INC.

732 Mason Ave. Daytona Beach, FL 32118 386-253-5585 office 386-255-5339 fax

March 4, 2003

Florida Department of State Attn: Reinstatement Department

RE: P01000064790

To Whom It May Concern,

Please find enclosed our Annual Business Report that was filed last year. However, also find enclosed the dissolution of corporation form. This was filed and somehow posted to our account. We have also enclosed the check information which was used to pay the annual fee. We have also enclosed the form and fee for this year.

Please review our application and call me if you have any questions.

Sincerely,

Charon Ohnona President