

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000005561

1. Corporation Name

COCONAPLES, INC.

28375 DEL LAGO WAY
28375 DEL LAGO WAY

2. Principal Office Address

28375 DEL LAGO WAY

Suite, Apt. #, etc.

3. Mailing Office Address

28375 DEL LAGO WAY

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

BONITA SPRINGS, FL

Zip

34135

Country

USA

Zip

34135

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 01/16/2002

5. FEI Number
200226893

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

MAHMOUD M. GOHARI

Street Address (P.O. Box Number is Not Acceptable)
28375 DEL LAGO WAY

Suite, Apt. #, Etc.

City

BONITA SPRINGS

State
FL

Zip Code
34135

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**

REGISTERED AGENT MUST SIGN

Date

8/23/04

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 Each Officer and/or Director	City / State / Zip
P/T	MAHMOUD M. GOHARI	28375 DEL LAGO WAY	BONITA SPRINGS, FL 34135
V/S	ESSI F. GOHARI	28375 DEL LAGO WAY	BONITA SPRINGS, FL 34135

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 oath.

SIGNATURE:

Mahmoud GOHARI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug. 23, 2004

Date

(239) 287-4952

Daytime Phone #

CR2E081 (01/04)