


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4BR
02-03

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P02000116116					
1. Corporation Name COCONUT PALMS MASSAGE, INC.					
2. Principal Office Address 1045 E. OCEAN BLVD			3. Mailing Office Address 1045 E. OCEAN BLVD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State STUART FL			City & State STUART FL		
Zip 34996	Country USA	Zip 34996	Country USA		

4. Date Incorporated or Qualified To Do Business in Florida	10/28/2002
5. FEI Number 36-4520298	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent			
Name PATTY WHITE			
Street Address (P.O. Box Number is Not Acceptable) 1045 E. OCEAN BLVD			
Suite, Apt. #, Etc.			
City STUART	State FL	Zip Code 34996	

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

Patty White, President PATTY WHITE
REGISTERED AGENT MUST SIGN

Date

Sept 23, 2003

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
D	PATTY WHITE	1045 E. OCEAN BLVD	STUART FL 34996

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:

Patty White, President PATTY WHITE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 23 2003 283-9902
Daytime Phone #

DATE: 09-23-03

TO: DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FROM: COCONUT PALMS MASSAGE, INC.

WE DID NOT RECEIVE FROM YOU THE UNIFORM BUSINESS REPORT 2003 BY
MAIL.

PLEASE FILE OUR REINSTATMENT.

IF YOU HAVE ANY QUESTIONS PLEASE CONTACT US AT 772-283-9902 FAX
772-286-7188

THANKS,

Patty White, President
PATTY WHITE
COCONUT PALMS MASSAGE, INC.