

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 19 AM 11:56

DOCUMENT #

P03 000144412

1. Corporation Name

Coco Bongo, Inc.

REINSTATEMENT 04

2. Principal Office Address

4235 N. Armenia Ave.

3. Mailing Office Address

4235 N. Armenia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Tampa, Florida

Zip

33607

Country

Zip

33607

Country

4. Date Incorporated or Qualified
To Do Business in Florida

December 3, 2003

5. FEI Number

41-2120692

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Joseph L. Diaz

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

2522 W. Kennedy Blvd.

Suite, Apt. #, Etc.

City

Tampa, FL

State
FL

Zip Code
33609

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

Joseph L. Diaz

REGISTERED AGENT MUST SIGN

Date 10-15-04

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
D	Gomez, Edwin	4235 N. Armenia Avenue	Tampa, FL 33607
D	Santa Cruz, Giovanni	4235 N. Armenia Avenue	Tampa, FL 33607

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Giovanni Santa Cruz

Date

10-15-04

Daytime Phone #

813-843-8133

CR2E081 (01/04)