2006 FOR PROEIT CORPORATION REINSTATEMENT

, –	REINST	ATEMENT				15	12
DOCUMENT # P04000034617					FILE) " "	,
Entity Name COCONUT CRUZ, INC.							
•					07 FEB -9 PM		
Principal Place of Business Mailing Address					SEUL TALLAHASSEE FI	TATE	
1445 S ROOSEVELT BLVD UNIT 101 KEY WEST, FL 33040		1445 S ROOSEVELT BLVD UNIT KEY WEST, FL 33040		Т 101	RENGTATE	ARIDA NI	حاك
NET 11231,72 333 13						NING INII DIDID DINI INII INI Yana	ESTRU NATEDI L
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			12082006 REIN-P	CR2E098 (11/05)	
City & State		City & State			74. FEI Number 65-1218431		pplied For ot Applicable
Zip	Country	Zip	Coun	try	Certificate of Status Desired	S8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent	<u> </u>		7. Name and Address of New Reg	<u>`</u>	
SDIEGEL	RIITDEDA DA	·		Name			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				Street Address (P.O. Box Number is Not Acceptable)			
ATH FLOOR MIAMI, FL 33145							
				City		FL Zip Coo	ie
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIII FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 P/13/0701009015 **300.00							
10.	OFFICERS ANI		11.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD OFFICERS AN	Delete	TITL		ADDITIONS/CHANGES TO OFFICE	Change	Addition
NAME STREET ADDRESS	MILLER, JOSEPH			E ET ADDRESS			
CITY-ST-ZIP				-ST-ZIP			
TITLE	VD	☐ Delete	TITU		1, 1	☐ Change	☐ Addition
NAME STREET ADDRESS	MILLER, JANET 1445 S ROOSEVELT BLVD UNIT 101			ET ADDRESS			
CITY-ST-ZIP	I			-ST-ZIP			
TITLE NAME		☐ Delete	TITL:	I		☐ Change	Addition
STREET ADDRESS				EET ADDRESS		•	
CITY-ST-ZIP			_	-ST-ZIP		- Change	☐ Addition
NAME		☐ Delete	TITL NAM	I		☐ Change	☐ Auditori
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP			
TITLE NAME		☐ Delete	TITL			☐ Change	Addition
STREET ADDRESS			STRE	ET ADDRESS			
CITY-ST-ZIP		☐ Delete	CITY	-ST-ZIP		☐ Change	☐ Addition
NAME		Li Delete	NAM			change	L Addition
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS -ST-ZIP			
12. thereby	L certify that the information supplied w	ith this filing does not qualify f	or the exi	emptions contai	ned in Chapter 119, Florida Statutes. I fu	rther certify that the	information
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
- made of the thing of the							
SIGNATURE: 1/w/les 12/0/06 Janet Miller (305) 292-0017 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #							

Coconut Cruz Im did not receive a notice to file on annual seport 2006. Please accept the payment of \$150.00 for corporation reinstatement Thonk you, Donet Millar