

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000095902

1. Corporation Name

THE COCOPLUM LAND CORPORATION
15 PARADISE PLAZA #298
SARASOTA, FL. 34239

2. Principal Office Address - No P.O. Box #

15 PARADISE PLAZA

Suite, Apt. #, etc.

#298

City & State

SARASOTA, FL

Zip

34239

Country

SARASOTA

3. Mailing Office Address

15 PARADISE PLAZA

Suite, Apt. #, etc.

#298

City & State

SARASOTA, FL

Zip

34239

Country

SARASOTA

7. Name and Address of Current Registered Agent

Name

STANLEY KAZWELL JR

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

2395 MIAMI TRAIL

Suite, Apt. #, Etc.

SUITE 17

City

PORT CHARLOTTE

State

FL

Zip Code

33952

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 3-13-11

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
<u>P/D</u>	<u>STANLEY KAZWELL JR</u>	<u>2395 MIAMI TRAIL</u>	<u>PORT CHARLOTTE, FL. 33952</u>
<u>ST</u>	<u>LARRY LUCKEY, SR.</u>	<u>15 PARADISE PLAZA</u>	<u>SARASOTA, FL 34239</u>

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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] SR. SEC. TREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-14-11

Daytime Phone #

FILED

11 MAR 18 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800199057798
03/18/11--01036--010 **1800.00

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/04

5. FEI Number

74-3182225

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

10-11 B 3/24/11
REINSTATEMENT