

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR -9 PM 12:57
TALLAHASSEE, FLORIDA

DOCUMENT # P04000132663
1. Corporation Name
Coker's Services, Inc.

REINSTATEMENT 05-06

2. Principal Office Address
14154 SE US 27

3. Mailing Office Address
PO Box 354

Suite, Apt. #, etc.
NA

City & State
Branford, FL

Zip **32008** Country **USA**

4. Date Incorporated or Qualified To Do Business in Florida **09/22/2004**

5. FEI Number **59-3785808**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

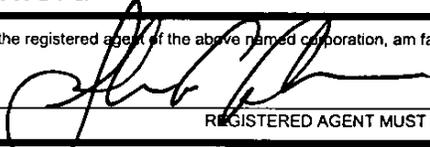
Name **John G. Coker**

Street Address (P.O. Box Number is Not Acceptable) **14154 SE US 27**

Suite, Apt. #, Etc. **na**

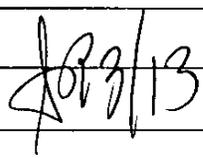
City **Branford** State **FL** Zip Code **32008**

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.

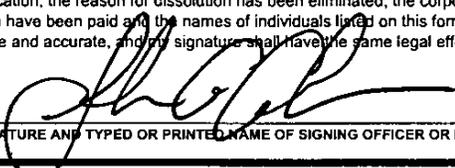
Signature of Registered Agent  Date **3/6/06**

REGISTERED AGENT MUST SIGN

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	Jerry D. Coker, Sr.	14154 SE US 27	Branford, FL 32008
D	Jerry D. Coker, Jr.	14154 SE US 27	Branford, FL 32008
D	John G. Coker	14154 SE US 27	Branford, FL 32008
			

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 contained in Chapter 119, 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:  Date **3/6/06** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Coker's Services, Inc.
Post Office Box . 354
Branford, Florida 32008
386 935 6216

March 2, 2006

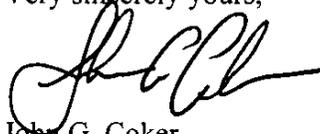
Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: Reinstatement
Waiver of Reinstatement/Late Fee
Coker's Services, Inc.

Dear Sirs:

Please waive the reinstatement/late fees for this corporation. We did not receive the annual report papers. We have enclosed the filing fee of \$150.00 for the years 2005 and 2006. If you have any questions, please contact us.

Very sincerely yours,



John G. Coker
Director & Registered Agent

Enc. Check \$300.00