

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000132663

1. Corporation Name

Coker's Services, Inc.

2. Principal Office Address  
14154 SE US 27

3. Mailing Office Address  
PO Box 354

Suite, Apt. #, etc.  
NA

Suite, Apt. #, etc.  
NA

City & State  
Branford, FL

City & State  
Branford, FL

Zip  
32008

Country  
USA

Zip  
32008

Country  
USA

REINSTATEMENT

05-06

CR2E081 (12/05)

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

5. FEI Number  
59-3785808

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  
John G. Coker

700067944437

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

03/16/06 01005 030 \*\*38.00

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
		03/13	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/06

Date

Daytime Phone #

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

March 2, 2006

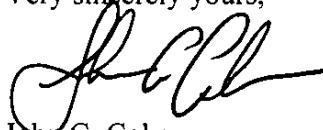
Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

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,

A handwritten signature in black ink, appearing to read 'John G. Coker', written over a horizontal line.

John G. Coker  
Director & Registered Agent

Enc. Check \$300.00