PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC -5 AM 9:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000070462**

1. Corporation Name

COCO'S NURSERY, INC.

Principal Place of Business	Mailing Address
15701 NW 127TH AVE MIAMI FL 33016	15701 NW 127TH AVE MIAMI FL 33016

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **10/11/1993**

5. FEI Number: **65-0449169** ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DS	FERNANDEZ, SONIA	3601 W 12TH AVE	HIALEAH FL 33013
DP	FLORES, ORESTES	12200 SW 4TH TER	MIAMI FL 33174

200009866802
12/05/02--01011--007 **158.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
FERNANDEZ, SONIA 3601 W 12TH AVE HIALEAH FL 33013	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent: SIGNATURE REQUIRED Date:
REGISTERED AGENT MUST SIGN

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 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: /s/ SIGNATURE REQUIRED ORESTES FLORES 11/29/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COCO'S NURSERY, INC.
15701 NW 127TH AVE • MIAMI, FL. 33016
PH. 305-827-4589

November 29, 2002

To Whom It May Concern:

Please be advised that we did not receive the first 2002 UBR. Per your instructions, we are sending the second 2002 UBR sent by the Division of Corporations. It is signed and includes a check for $158.75 (Certificate of Status fee included). Should you have any questions, please contact us at the phone number or address above.

Sincerely,

X _____

Orestes Flores, President