

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 16 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070462

1. Corporation Name

COCO'S NURSERY, INC.

2. Principal Office Address

15701 N.W. 127 AV

Suite, Apt. #, etc.

3. Mailing Office Address

15701 N.W. 127 AV

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLOIRDA

Zip

33016

Country

US

Zip

33016

Country

US

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. Name and Address of Current Registered Agent

Name

SONIA FERNANDEZ

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

10485 N.W. 132 ST,

Suite, Apt. #, Etc.

City

HIALEAH GARDENS

State

FL

Zip Code

33018

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

X Sonia Fernandez

REGISTERED AGENT MUST SIGN

Date

04-12-04

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
DS	SONIA FERNANDEZ	10485 N.W. 132 ST	HIALEAH GARDENS, FL 33018
DP	ORESTES FLORES	10485 NW 132 ST	HIALEAH GARDENS, FL 33018

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 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:

X Sonia Fernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04-12-04 (305) 634 6865

Daytime Phone #

CR2E081 (01/04)