

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P96000045287		
1. Entity Name COCOA TOWN PLAZA, INC.		

FILED
05 DEC 21 PM 2:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 463 FORREST AVENUE COCOA, FL 32922 US	Mailing Address P.O. BOX 540545 MERRITT ISLAND, FL 32954-0545
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

10062005 REIN-P CR2E098 (6/04)

4. FEI Number 65-0682692	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BURROWS, TOM G 775 E MERRITT ISLAND CAUSEWAY STE 320 MERRITT ISLAND, FL 32952		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in this State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Tom G Burrows* DATE 12/14/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, JOYCE 805 SYKES CREEK PKWY., UNIT C MERRITT ISLAND, FL 32952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLTON, JOYCE 93 DELAHOY AVENUE #505 COCOA, FL 32922 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FULMER, PAUL B JR 225 MARIAH COURT MERRITT ISLAND, FL 32953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000062297850 12/21/05--01005--005 **150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, KENNETH 600 RIVER MOORINGS DRIVE MERRITT ISLAND, FL 32953 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce Carlton* DATE 12-14-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR