

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 30 PM 2:14

DOCUMENT # 997000015290

1 Corporation Name
Cocco Corporation

Principal Place of Business Mailing Address
c/o 521 Lake Ave, #3
Lake Worth, FL 33460 Same

REINSTATEMENT 99

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		4 Date Incorporated or Qualified To Do Business in Florida 02/17/97	
Suito, Apt. #, etc.		Suito, Apt. #, etc.		5 FET Number 65-0748341	
City & State		City & State		Applied For Not Applicable	
Zip		Zip		6 CERTIFICATE OF STATUS DEBINED <input type="checkbox"/>	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT use Post Office Box Numbers)	4 City / State / Zip
1st/ST	Karl Lindroos	201 E. Ocean Ave, #17	Lantana, FL 33462

500003018626--D
-10/19/99 01867-007
***750.00 ***750.00

8 Name and Address of Current Registered Agent

Robert E. Bourne, JR
c/o 521 Lake Ave, #3
Lake Worth, FL 33460

9 Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suito, Apt. #, etc.
City
State FL Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0806, F.S.

Signature of Registered Agent Robert E. Bourne, JR Date Sept. 29, - 99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(c), 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] Sept. 29 - 99 (561) 588-0095
SIGNATURE AND TYPED OR PRINTED NAME OF SENIOR OFFICER OR DIRECTOR Karl Lindroos Date