APPLICATION FÓR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000015290

1. Corporation Name

COCCO CORPORATION

Principal Place of Business Mailing Address

C/O 521 LAKE AVENUE

C/O 521 LAKE AVENUE

SUITE 3 LAKE WORTH FL 33460			SUITE 3 LAKE WORTH FL 33460						
		incorrect in any way, line t				2 24442	STATEM		00
New Principal Office Address, If Applicable 3. New Ma				Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 02/17/1997 5. FEI Number Applied For			
Suite, Apt. #, etc. Suite, A									
City & State City &						CC 0740044			Applied For Not Applicable
Zip Country			Zip		Country				ditional Fee required
7. Names a	and Street Ac	dresses of Each Officer an	d/or Director (Flo	rida nonpro	fit corporations must list at le	east 3 directors)		- <u> </u>	
Title(s)	Title(s) Name of Officers and/or Directors 2			Street Address of Each Officer and/or Director			City / State / Zip		
PST LINDROOS, KARL				201 E. OCEAN AVENUE, #7			LANTANA FL 33462		
			<u> </u>						
				200003454952 -11/07/0001061004 ****750.00 ****750.0				25	
							****75	0.00 **	**750.00
8. Name and Address of Current Registered Age				nt 9. Name and			Address of New Registered Agent		
					Name				Í
Bourne, Robert e Jr C/O 521 lake avenue					Street Address (P.O. Box Number is Not Acceptable)				(au)
SUITE 3				Suite, Apt. #, Etc.					
LAKE WORTH FL 33460								State Zip	Code
10. I, being	appointed th	ne registered agent of the a	bove named corpo	oration, am	familiar with and accept the	obligations of Sect	ion 607.0505, F.S.		-
Signature of Registered	f Agent	Kahin	2 By		HURRED		Date	T 17	2000
			REGISTERED AG	ENT MUS	SIGN	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
11. I certify	that I am an	officer or director or the rec	eiver or trustee en	npowered to	execute this application as	provided for in cha	apter 607 or 617, F	S. I further certify	y 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.

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA