

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000060558

1. Corporation Name

COCONUT PALM, INC.

Principal Place of Business Mailing Address
7576 S.E. MARSH FERN LANE 7576 S.E. MARSH FERN LANE
HOBE SOUND FL 33455 HOBE SOUND FL 33455

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/10/1997	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0770792	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)

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
D	ARABITO, FRANK	7576 S.E. MARSH FERN LANE	HOBE SOUND FL 33455

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARABITO, FRANK
7576 S.E. MARSH FERN LANE
HOBE SOUND FL 33455

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

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.

Signature of Registered Agent **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 11/20/98

11. This corporation owes or has paid 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 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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/20 Daytime Phone #

CR2E040 (6/98)

DR. FRANK A. ARABITO
Botany, Pathology, Exclusive Landscape Design
P.O. Box 13
Hobe Sound, FL 33475

November 20, 1998

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 323314-6327

Re: Coconut Palm, Inc.

To whom it may concern:

Please be advised that we did not receive notice of our corporation annual report. It is my understanding that the Department will waive the additional fee this year, but next year if we do not receive our notice by the second week in February, we should contact you regarding same.

Enclosed please find my check in the sum of \$150.00 which represents the cost of the annual report.

Should you have any questions, please do not hesitate to contact me at your earliest convenience.

Very truly yours,



FRANK ARABITO