

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -6 AM 10:41

DOCUMENT # P98000079150

1. Corporation Name

COCOLAND, INC.

Principal Place of Business

7111 GRAND NATIONAL DR.
SUITE 105
ORLANDO FL 32819

Mailing Address

7111 GRAND NATIONAL DR.
SUITE 105
ORLANDO FL 32819

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

09/04/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3567517

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SEGURA, AL	7111 GRAND NATIONAL DR., SUITE 1	ORLANDO FL 32819
D P	ALTAVILLA, NELSON	7111 GRAND NATIONAL DR., SUITE 1	ORLANDO FL 32819

8. Name and Address of Current Registered Agent

DOSS, THOMAS E III
500 E. ALTAMONTE DRIVE, STE 210
ALTAMONTE SPRINGS FL 32701

9. Name and Address of New Registered Agent

Name
~~Accounting Services of Orlando, Inc~~
Street Address (P.O. Box Number is Not Acceptable)
1005 W. Oakridge Rd
Suite, Apt. #, Etc.
Suite #1
City
Orlando
State
FL
Zip Code
32809

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)
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 11-02-00

11. 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.

AD

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-02-00 (407)354-1154
Date Daytime Phone #

2

Cocoland, Inc.
7111 Grand National Dr.
Suite 105
Orlando, FL 32819
(407)354-1154

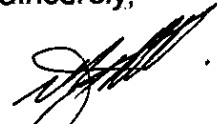
November 2, 2000

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Katherine Harris:

We recently received a notice of administrative dissolution in the mail from your department. We never received any paperwork to renew our corporation. This is the only paperwork that we have received. No one ever informed us that we had to do this by May 2000. We are enclosing a check for \$150.00 to reinstate our corporation.

Sincerely,



Nelson Altavilla
President