

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000099327

1. Corporation Name
COCONUT FEARS, INC.

Principal Place of Business
2999 NE 191ST STREET, STE 800
AVENTURA FL 33180

Mailing Address
2999 NE 191ST STREET, STE 800
AVENTURA FL 33180

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

2002 UBR

FILED
02 NOV -8 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. Date Incorporated or Qualified To Do Business in Florida
11/30/1998

5. FEI Number
37-1380130

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	FEARS, GARY	9 GATEWAY DRIVE	COLLINSVILLE IL 62234
S	RYDGIG, NANCY	9 GATEWAY DRIVE	COLLINSVILLE IL 62234

200008880632
11/08/02--01004--005 **150.00

8. Name and Address of Current Registered Agent
GUTT, IRA ESQ.
2999 NE 191ST STREET, STE 800
AVENTURA FL 33180

9. Name and Address of New Registered Agent
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. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN Date 10/25/02

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.

SIGNATURE: SIGNATURE REQUIRED Nancy Rydgig Date 10/25/02 Daytime Phone # 6

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9 Gateway Drive
Collinsville, IL 62234
October 28, 2002

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Coconut Fears, Inc.
Document # P98000099327

To Whom It May Concern:

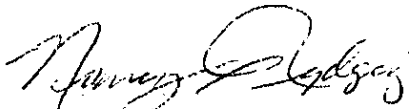
Enclosed please find Application for Reinstatement for the above corporation, as well as our check #5676 for \$150 for the filing fee.

Please be advised that we did not receive either of the two prior uniform business report (UBR) notices regarding this filing. We, therefore, request a waiver of the reinstatement fee.

Thank you for your consideration.

Sincerely,

COCONUT FEARS, INC.



Nancy Rydgig
Secretary