

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 SEP 19 AM 8:16

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 098000108283

1. Corporation Name

COIRO ENTERPRISES, INC.

2. Principal Office Address

3114 Tuxedo Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

City & State

Same

Zip

33405

Country

U.S.A.

Zip

same

Country

same

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/31/1998

5. FEI Number

SP
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Michael Coiro

200003414512-6

Street Address (P.O. Box Number is Not Acceptable)

3114 Tuxedo Avenue

-10/05/00--01035--010

*****358.75 ***358.75**

Suite, Apt. #, Etc.

City

West Palm Beach

**State
FL**

**Zip Code
33405**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

**Signature of
Registered Agent**

X *Michael Coiro*

REGISTERED AGENT MUST SIGN

Date

8/4/00

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Michael Coiro	3114 Tuxedo Avenue	West Palm Beach, FL 33405
Sec.	Michael Coiro	3114 Tuxedo Avenue	West Palm Beach, FL 33405

10. 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:

X *Michael Coiro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/00

Date

5614655-9400

Daytime Phone #