

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
Jan 21, 2003 8:00 A
Secretary of State

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000010193

1. Corporation Name

Coconuts Cafe, Inc.

500010393745
01/21/03--01072--014 **185.00

2. Principal Office Address

15854 SW 85 Lane

Suite, Apt. #, etc.

3. Mailing Office Address

15854 SW 85 Lane

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33193

Country

Zip

33193

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1999

5. FEI Number

65-0891872

Applied For

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

Omar Juan

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

15854 SW 85 Lane

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33193

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

[Signature of Omar Juan]

Date

REGISTERED AGENT MUST SIGN

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
D	Acosta, Juliana	15891 SW 98 St Miami, FL 33193	Miami, FL 33193
P	Juan, Omar	15854 SW 85 Lane	Miami, FL 33193

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:

[Signature of Omar Juan]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/15/03 (305) 406-1508

Daytime Phone #

CR2E081 (1/02)

gs 1/23

January 15, 2003

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

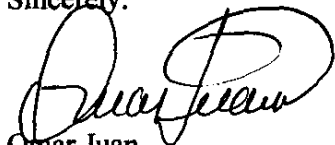
Re: Coconuts Cafe, Inc.
P99000010193

Gentlemen:

It has come to our attention that we did not file the annual report for the year 2002. We did not receive the form due to a change of address.

Enclosed please find a check for \$150.00 and the restatement form. We are hereby requesting that you waive the late filing penalty.

Sincerely:



Omar Juan
President

~~P.S. Please note that the principal address was~~
also wrong. It should be 15854 instead
of 15864