

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 JAN 16 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000023268

1. Corporation Name

COCONUT RENTALS, INC.

Principal Place of Business

590 SE 12 STREET  
POMPANO BEACH FL 33060

Mailing Address

590 SE 12 STREET  
POMPANO BEACH FL 33060

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

2. New Principal Office Address, If Applicable

3333 SE 14 Ave

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 22609

Suite, Apt. #, etc.

City & State

Ft. Laud, FL

City & State

Ft. Laud, FLA

Zip

33316

Country

USA

Zip

33335

Country

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

03/11/1999

5. FEI Number

45-0905607

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	TICKTIN, RICHARD	<del>1932 TIGERTAIL BLVD.</del> 3333 SE 14 AVE Ft. Laud, FL 33335	DANIA FL 33004 Ft. Laud. FL 33335
			188883581471--3 -01/26/01--01075--015 ****158.00 ****158.00 200003581472--0 -01/26/01--01075--016 ****158.75 ****158.75 200003581472--0 -01/26/01--01075--017 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SHULMISTER, M. ROSS  
590 SE 12 STREET  
POMPANO BEACH FL 33060

9. Name and Address of New Registered Agent

Name Richard Ticktin  
Street Address (P.O. Box Number is Not Acceptable)  
423 Coconut Isle  
Suite, Apt. #, Etc.  
City Ft. Lauderdale State FL Zip Code 33301

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 01-11-01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-13-00 954-525-1133  
Date Daytime Phone #