

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 1 PM 4:01

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000057060

1. Corporation Name
Coco Construction, INC.

2. Principal Office Address

2373-1 W 69th St.

Suite, Apt. #, etc.

3. Mailing Office Address

2373-1 W 69th St.

Suite, Apt. #, etc.

City & State

Mialeah FL

City & State

Mialeah FL

Zip

33016

Country

USA

Zip

33016

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/99

5. FEI Number

65-0931849

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ State Addressed for registered
as a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRISNEL MARQUEZ

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

2373-1 W 69th St.

Suite, Apt. #, Etc.

City

Mialeah FL 33016

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above-named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0602, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/31/00**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	BRISNEL MARQUEZ	2373-1 W 69th St.	Mialeah, FL 33016

AD

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been withdrawn, the corporate name satisfies the requirements of section 607.0601 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of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)(b), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/00 (30) 824-1325

Daytime Phone

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H00000057528 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

COCO CONSTRUCTION INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75

Electronic Filing Menu

Corporate Filing

Public Access Help