

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 10 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000108955

**1. Corporation Name**

**COCO PLUM INVESTMENTS, INC.**

**2. Principal Office Address**

**12000 Overseas Highway**

Suite, Apt. #, etc.

City & State

**Marathon, Florida**

Zip

**33050**

Country

**USA**

**3. Mailing Office Address**

**12000 Overseas Highway**

Suite, Apt. #, etc.

City & State

**Marathon, Florida**

Zip

**33050**

Country

**USA**

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

**12/17/1999**

**5. FEI Number**

☒ Applied For  
☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT

60-  
03

**7. Name and Address of Current Registered Agent**

Name

**John J. Wolfe**

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

**2955 Overseas Highway**

Suite, Apt. #, Etc.

City

**Marathon**

State  
**FL**

Zip Code  
**33050**

500023682025

10/09/03 01000 094 #4600.00

**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

REGISTERED AGENT MUST SIGN

Date **10/7/03**

**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
DPTS	Michael A. DeLillo	12000 Overseas Highway	Marathon, FL 33050

**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:

*Michael A. DeLillo*

**Michael A. DeLillo** 10/7/03 (305)731-0022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

27 10/13

Form **SS-4**(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Coco Plum Investments, Inc.</b>		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>12000 Overseas Highway</b>		5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>Marathon, FL 33050</b>		5b City, state, and ZIP code
	6 County and state where principal business is located <b>Monroe, Florida</b>		
7a Name of principal officer, general partner, grantor, owner, or trustee <b>Michael A. DeLillo</b>		7b SSN, ITIN, or EIN <b>128-34-5161</b>	
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ <b>1120S</b> <input type="checkbox"/> Personal service corp. <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____			
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (SSN) _____ <input type="checkbox"/> Trust (SSN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) ▶ _____			
8b If a corporation, name the state or foreign country (if applicable) where incorporated		State <b>Florida</b>	Foreign country
9 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) ▶ <b>reinstating dissolved corporation</b>			
<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____			
10 Date business started or acquired (month, day, year) <b>10/1/03</b>		11 Closing month of accounting year <b>December</b>	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . . ▶ <b>n/a</b>			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "-0-". . . . . ▶		Agricultural <b>-0-</b>	Household <b>-0-</b>
		Other <b>-0-</b>	
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input checked="" type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. <b>n/a</b>			
16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ _____ Trade name ▶ _____			
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (mo., day, year) _____ City and state where filed _____ Previous EIN _____			

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
	Designee's name <b>John J. Wolfe</b>		Designee's telephone number (include area code) <b>(305 ) 743-9858</b>
	Address and ZIP code <b>2955 Overseas Highway, Marathon, FL 33050</b>		Designee's fax number (include area code) <b>(305 ) 743-7489</b>
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) <b>(305 ) 731-0022</b>
Name and title (type or print clearly) ▶ <b>Michael A. DeLillo</b>			Applicant's fax number (include area code) <b>(305 ) 743-7489</b>
Signature ▶ <i>Michael DeLillo</i>			Date ▶ <b>10/7/03</b>

**LAW OFFICES OF  
JOHN J. WOLFE, P.A.**

2955 OVERSEAS HIGHWAY  
MARATHON, FL 33050  
TELEPHONE: (305)743-9858  
FACSIMILE: (305)743-7489

October 7, 2003

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399


**Re: Corporation Reinstatement  
Coco Plum Investments, Inc.  
Document #P99000108955**

Ladies and Gentlemen:

Enclosed is the Application for Reinstatement for Coco Plum Investments, Inc. The corporation was formed in 1999, but the principal, Michael A. DeLillo, never received the 2000 Uniform Business Report form, therefore it was administratively dissolved in 2000. This letter serves as our request to waive the reinstatement fee. Enclosed is a check in the amount of \$600.00 for the annual filing fees for 2000, 2001, 2002, and 2003. The Application for Employer Identification Number is also attached.

Your assistance with this matter is greatly appreciated. If you have any questions, please contact me at the above address or phone number.

Very truly yours,

  
John J. Wolfe  
wolfe@marathonlaw.com