

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED  
 98 DEC 31 PM 4:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **114330**

1. Corporation Name  
**KOMOKO CORPORATION**

Principal Place of Business Mailing Address

C/O V. W. RICHARDS C/O V. W. RICHARDS  
 10545 S.W. 52ND TERRACE 10545 S.W. 52ND TERRACE  
 MIAMI FL 33165 MIAMI FL 33165



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

2. New Principal Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. New Mailing Office Address, If Applicable  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **05/25/1927**

5. FEI Number **59-6063999**  
 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<del>DS</del>	<del>RICHARDS, WILLIAM G.</del>	<del>10545 SW 52 TERRACE</del>	<del>MIAMI FL</del>
DP	RICHARDS, VANESSA W.	10545 SW 52ND TER	MIAMI FL
DV	WILLIAMS, SHARON L.	10965 SW 116 ST	MIAMI FL
D	WILLIAMS, CHARLES E.	10965 SW 116 ST	MIAMI FL

200002734712--7  
 MIAMI FL 01/08/99--01068--005  
 \*\*\*\*\*900.00 \*\*\*\*\*900.00

**REINSTATEMENT 97-98**  
 4c 1-4-99

8. Name and Address of Current Registered Agent

CORPORATION COMPANY OF MIAMI  
 100 CHOPIN PLAZA  
 1500 EDWARD BALL BLDG.- MIAMI CENTER  
 MIAMI FL 33131

9. Name and Address of New Registered Agent

Name **Sharon Williams**  
 Street Address (P.O. Box Number is Not Acceptable)  
**10965 S.W. 116 ST**  
 Suite, Apt. #, Etc.  
 City **MIAMI** State **FL** Zip Code **33176**

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 **Sharon Williams** Date **12/5/98**  
 REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on Intangible tax.)

12. 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)(f), 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: **Vanessa W. Richards, President** Date **12/5/98** Daytime Phone # **305-279-3605**  
 305-274-6012

CFR2040 (8/97)