

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2008 JAN 30 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/30/08--01033--015 **450.00

CR2E081 (12/07)

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000039375

1. Corporation Name

Inter-Boundary Coastal, Inc.

2. Principal Office Address - No P.O. Box # 633 S. Federal Highway Suite, Apt. #, etc. Suite 400A City & State Fort Lauderdale, Florida Zip 33301		Country US		3. Mailing Office Address 633 S. Federal Highway Suite, Apt. #, etc. Suite 400A City & State Fort Lauderdale, Florida Zip 33301		Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida April 19, 2000

5. FEI Number 65-1071729 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
Gregory G. Olsen

Street Address (P.O. Box Number is Not Acceptable)
633 South Federal Highway

Suite, Apt. #, Etc.
Suite 400A


City
Fort Lauderdale

State
FL

Zip Code
33301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

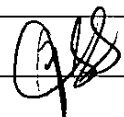
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  Date 1/28/08


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	Gregory G. Olsen	633 South Federal Highway, Suite 400	Fort Lauderdale, Florida 33301

REINSTATEMENT
06-08


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 contained in Chapter 119, 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:  (Gregory G. Olsen, Director) 954-524-3111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #