H97000017608

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

APPROVED AND FILED

1997 OCT 23 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instruction on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P94000066904

Coastal Enterprises, Inc.
39 Saint Thomas Drive
Palm Beach Gardens, FL 33418

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If principal Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business in Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
September 8, 1994	65-0518858	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☒

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

Title(s) 1	Name of Officer and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director	David M. Trombley	39 Saint Thomas Drive	Palm Beach Gardens FL 33418
Director			
Director			
Director		REINSTATEMENT 96-97	
Director		SCC 10-23-97	<<Orders3:48:52 PMD45Zip>>

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

David Trombley
39 Saint Thomas Drive
Palm Beach Gardens, FL 33418

9. If changed, new registered agent/office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City | State: FL | Zip

10. I, Being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0503,F.S.

Signature of Registered agent: D. M. Trombley Date: 10-22-97

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

12. Does this corporation pay any intangible tax to the Department of Revenue under S. 199.032, Florida Statutes. YES ☐ NO ☒

13. I certify that I am an officer or director of the corporation or trustee authorized to execute this application as provided for in chapter 607 or 617 F.S. I further certify that when filing this reinstatement application the corporation named in this application complies the requirements of section 607.0401 or 617.0401, F.S. and that all fees owed by the corporation have been paid. This document is executed in accordance with this application is true and correct, and my signature shall have the same legal effect as if made under oath.

Signature of Officer or Director: D. M. Trombley Date: 10-22-97 Daytime Phone: 561 625 2946

Typed or printed name of signing officer or director

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10/22/97 FLORIDA DIVISION OF CORPORATIONS 3:39 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H97000017608 5)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: CORPORATE CREATIONS INTERNATIONAL INC. ACCT#: 110432003053
CONTACT: JOHNNY C.RODRIGUEZ
PHONE: (305)672-0686 FAX #: (305)672-9110

NAME: COASTAL ENTERPRISES, INC.
AUDIT NUMBER.....H97000017608
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 2
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $923.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

ENTER SELECTION AND <CR>:

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