PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JUN 21 PM 4: 05

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

V26885

1. Corporation Name

COASTLINE DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

City & State

80 ROYAL PALM BLVD SUITE 403

Suite, Apt. #, etc.

City & State

VERO BEACH FL 32950

4105 SABAL PALM DRIVE VERO BEACH FL 32963

If above addresses are incorrect in any way, line the	prough incorrect information and enter correction below.	WEIMS I WI FINIFINI OF OU			
P. New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida	04/01/1992		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01/01/1002		
		5. FEI Number	Applied For		

0070329752	Not Applicable
3	
OFFICIAL OF STATUS DESIDED 51 \$8.75 A	Additional Fee require
ė	6. CERTIFICATE OF STATUS DESIRED \$8.75

Zip		Country	Zip	1	Country	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)											
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director		City / State / Zip						
VTD	QUIGLEY, DENNIS P.		4105 SABAL PALM DR.		VERO BEACH FL						
PSD	QUIGLEY, KIMBERLY F. CR		4105 SABAL PALM DR.		VERO BEACH FL						
VP	QUIGLEY,	THOMAS G		4105 SABA	L PALM DRIVE	<u></u>	VERO BEACH FL 329	963			
						6		°46166			
					,			-01063001 O ****300.00			
					1	60		46166 -01069007			
8. Name and Address of Current Registered Agent 9. Name					9. Name and A	ddress of New Registers	d Agent **** 75				
Name											

QUIGLEY, DENNIS 4105 SABAL PALM DRIVE

10. I, being appointed the registered agent of the above

VERO BEACH FL 32963

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

Suite, Apt. #, Etc.

h and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

ERED AGENT MOST SIGN

State

Zip Code

11. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE