

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000106801

**FILED**  
**Aug 05, 2013**  
**Secretary of State**

**Entity Name:** COASTAL BAIL BONDS, INC.

**Current Principal Place of Business:**

1643 NORTH COCOA BLVD.  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

1643 NORTH COCOA BLVD.  
COCOA, FL 32922

**New Mailing Address:**

**FEI Number:** 45-4080584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WELLS, RYAN M  
1010 EAST ADAMS STREET  
SUITE 130  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** RYAN WELLS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WELLS, RYAN M  
**Address:** 1010 E ADAMS STREET #130  
**City-St-Zip:** JACKSONVILLE, FL 32202

**Title:** D  
**Name:** DEMANGE, BENJAMIN M  
**Address:** 1643 NORTH COCOA BLVD.  
**City-St-Zip:** COCOA, FL 32922

**Title:** D  
**Name:** BRENNAN, JOSEPH P  
**Address:** 225 ARAGON AVENUE  
**City-St-Zip:** CORAL GABLES, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** RYAN WELLS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

OWNE

08/05/2013

\_\_\_\_\_  
Date