PLEASE READ A	UL INST	BUCTIONS	BEFORE C	OMPĽETI	NG THIS.F	OHM."		
APPLICATION FOR	FLORIDA	A DEPARTMEN Sandra B. Mor Secretary of S	NT OF STATE tham		Į.	NID LED	1	
REINSTATEMENT	DI	VISION OF CORPOR			98 DEC -2	2 PM 3:46		
DOCUMENT # 3910%7				SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Coastline Enterprises, Inc.								
Principal Place of Business 1910 Pacific Ave.,	cific Ave.,		5	-12/07	705035 /3801143- 08.75 ****	-018		
Suite 1600 Dallas, TX 75201 If above addresses are incorrect in any way, line through incorrect information and enter corre				REIN	STATE	MENT 9	7-98	
		ng Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11-09-71				
Suite, Apt. #, etc. City & State			etc.		5. FEI Number			
Zip Country	Zíp	Country	, - ··· -	6. CERTIFICATE	OF STATUS DESIRE	C0.75 a 4-10	of Applicable If Fee required If of Status	
7. Names and Street Addresses of Each Officer and/or	r Director (Flor	ida nonprofit corpora	tions must list at lea	<u> </u>			·	
Title(s) Name of Officers and/or Directors 3		Off	eet Address of Each icer and/or Director se Post Office Box N		4	City / Stafe / Zip		
P/D Mel Yarbrough		1910 Pacif	ic Ave, Sui	ite 1600	Dallas,	TX 75201		
V/D Daniel M. Bell		1910 Pacif	ic Ave, Sui	ite 1600	Dallas,	TX 75201		
S/T/D William J. Thomas III		1910 Pacif	ic Ave, Sui	ite 1600	Dallas,	TX 75201		
D Randy A. Just	Randy A. Just		ic Ave, Sui	ite 1600	Dallas,	TX 75201		
V James Vordtriede	1910 Pacifi	910 Pacific Ave, Sûite 1600 D			TX 75201			
V Sharon Kelley	Sharon Kelley 1910 Pacif			ic Ave, Suite 1600 Dallas, TX 75201				
Name and Address of Current Registered Agent Name				9. Name and A	ddress of New Reg	gistered Agent		
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.					
			City	y State Zip Code				
10. 1, 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 Steven C. Patterson Special Assistant Secretary Date 12 - 01 - 98								
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No X (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 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: Mel Yarbrough SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #								