

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 OCT 15 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **498608**

1. Corporation Name

COASTAL STEEL, INC.

Principal Place of Business

LOT #1 CONTRACTORS ROW, P.O. BOX 22153
LAKE BUENA VISTA FL 32830

Mailing Address

P.O. BOX 22153
LAKE BUENA VISTA FL 32830



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2001

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/10/1976

5. FEI Number

59-1662541

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	COXWELL, PHILLIP V	480 RIVER MOORINGS DRIVE	MERRITT ISLAND FL 32953
VSD	HOLMES, GREGORY T	4505 LEE STREET	COCOA FL 32926
VD	COXWELL, DALE P	244 ANDROS AVENUE 750 N. ATLANTIC UNIT #603	COCOA BEACH FL 32931

8. Name and Address of Current Registered Agent

COXWELL, PHILLIP
480 RIVER MOORING DRIVE
MERRITT ISLAND FL 32953

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, 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
Registered Agent

Phillip Coxwell
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/12/2001

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 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 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:

Phillip Coxwell
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2001
Date

407-827-4309
Daytime Phone #

CR2E040 (801)