PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JUL -2 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 518927

1. Corporation Name

COASTAL, INC.

Principal Place of Business

201 S.E. 15TH TERRACE
SUITE 208
DEERFIELD BEACH, FLORIDA 33441

Mailing Address

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

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

5. FEI Number 59-1737372   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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES. reg.agent	STEVEN J. GODFREY	201 S.E. 15TH TERRACE SUITE 208	DEERFIELD BEACH, FL 33441

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REINSTATEMENT 91-98

8. Name and Address of Current Registered Agent

STEVEN J. GODFREY
201 S.E. 15TH TERRACE # 208
DEERFIELD BEACH, FLORIDA 33441

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 [signature]
REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐

(See reverse 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 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-98
Date

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Daytime Phone #