

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **551558**

1. Corporation Name

**COASTAL MOTORS, INC.**

Principal Place of Business

13707 N. NEBRASKA AVE.  
TAMPA FL 33612

Mailing Address

P.O. BOX 82186  
TAMPA FL 33682

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 03**

Reinstated or Obtained  
To Do Business in Florida

11/18/1977

5. FEI Number

59-1785884

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 3	City / State / Zip 4
P	RILEY, A. WANDA	13707 N. NEBRASKA AVE.	TAMPA FL 33612
V	RILEY, JOHN T	13707 N. NEBRASKA AVE.	TAMPA FL 33612

300024329503  
10/31/03--01026--012 \*\*150.00

8. Name and Address of Current Registered Agent

RILEY, A. WANDA  
13707 NEBRASKA AVE  
TAMPA FL 33612

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. or 617.0505, F.S.

Signature of  
Registered Agent

*A. Wanda Riley*  
REGISTERED AGENT MUST SIGN

Date 10-25-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John T Riley*  
Date 10/25/03  
813-971-7353

CR2E040 (7/03)



COASTAL MOTORS, INC.

13707 N. NEBRASKA AVE. TAMPA, FLA. 33612 PH. 813-971-7353 977-5981

Dear Sir/Madame:

We ask that the reinstatement fees to please be waived. We did not receive the uniform business report notices, and do not want to dissolve the corporation.

Sincerely,

John T. O'Leary