

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 568168

1. Corporation Name

D5-Coastal-Products, Inc. DS, Inc

500420699355
12/21/23--01001--005 **1500.00

2. Principal Office Address - No P.O. Box #

5986 Gulf Breeze Parkway

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

Zip

32563

Country

US

3. Mailing Office Address

5986 Gulf Breeze Parkway

Suite, Apt. #, etc.

City & State

Gulf Breeze, Florida

Zip

32563

Country

US

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Dean Meredith

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

5986 Gulf Breeze Parkway

Suite, Apt. #, Etc.

City

Gulf Breeze

State

FL

Zip Code

32563

FILED
23 DEC 21 AM 9:31

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/13/2023

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Doris Meredith	21785 River Birch	Gulf Breeze, Florida 32561
D	Dean Meredith	5986 Gulf Breeze Parkway	Gulf Breeze, Florida 32563
D	Daniel Meredith	1625 Kauai Court	Gulf Breeze, Florida 32563

10. E-mail Address: dean@coastalproductsplus.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/13/2023 850 934 3355