

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 575309

1. Corporation Name

Coastplan, Inc.

2. Principal Office Address

12271 COYLE ROAD

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

Country

33905

USA

3. Mailing Office Address

12271 COYLE ROAD

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

Zip

Country

33905-6226

USA

FILED

03 SEP 22 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

June 9, 1978

5. FEI Number

591834570

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

Workman, Richard W.

400023241724

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

12271 COYLE ROAD

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33905-6226

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

Richard W. Workman

REGISTERED AGENT MUST SIGN

Date Sept. 15, 2003

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	Workman, Richard	12271 Coyle Road	Fort Myers, FL 33905-6226
SDV	KNAUFF, Kelly	20250 Cypress Creek Road	ALVA, FL 39200
TD	GREEN, James	20250 Cypress Creek Road	ALVA, FL 39200

10. 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:

Richard W. Workman

Richard W. Workman 9/15/03 239/694-0101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

th 9/15/03