

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR 81-97
REINSTATEMENT



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

APPROVED
AND
FILED

97 AUG 15 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 615985
1. Corporation Name Coastal View Construction Inc
Rt 3 Box 325B
Andalusia, AL 36420

Principal Place of Business Mailing Address
Coastal View Construction Inc
Rt 3 Box 325B
Andalusia AL, 36420

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

Rt 3 Box 325B

Suite, Apt. #, etc.

City & State

Andalusia Alabama

Zip

36420

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1979

5. FEI Number

5-8-233-1991

☒ 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Gerald Donaldson	Rt 3 Box 325B	Andalusia, Alabama 36420
Sec/Treas	Billy Donaldson	Rt 2 Box 192AB	Andalusia, Alabama 36420

000002270920--0
-08/19/97--01027--009
***2257.50 ***2257.50

REINSTATEMENT 81-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

X Jimmy Burdett

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

447 Cypress St

Suite, Apt. #, Etc.

City

Mary Ester

State

FL

Zip Code

32569

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 X Jimmy Burdett
REGISTERED AGENT MUST SIGN

Date 8/12/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other 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: Gerald Donaldson Gerald H. Donaldson 8/12/97 1-334-222 5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (12/96)