

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT #630474

1. Corporation Name
Coachwood East, Inc.

Principal Place of Business
2353 S. St.
Leesburg, Fl. 34748

Mailing Address
C/O Samuel G. Watkins
5620 1st. Ave. W.
Bradenton, Fl. 34209

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

3. New Mailing Office Address, If Applicable
5620 1st. Ave. W. Bradenton
Suite, Apt. #, etc.
City & State
Zip

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida
7/23/79

5. FEI Number
59-1926176

Applied ☒ SP
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
V.P.	Samuel G. Watkins	5620 1st. Ave. W.	Bradenton, Fl. 34209
Pres. Trea.	Julian Stoutameyer	6024 Shore Acres Dr.	Bradenton, Fl. 34209
Sec.	James F. Alderman	5125 Manatee Ave. W.	Bradenton, Fl. 34209

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-12/22/99-01052--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

Samuel G. Watkins
5620 1st. Ave. W.
Bradenton, Fl. 34209

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
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 12-9-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/18/99

Date

Daytime Phone #

941-756-0671