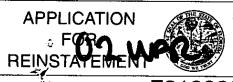
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F0100000384

1. Corporation Name

COASTAL OUTDOORS AND MARINE, INC.

Principal Place of Business

Mailing Address

4118E OGLETHORPE HWY HINESVILLE GA 31313

SIGNATURE:

PO BOX 726 DARIEN GA 31305 FILED

02 NOV 12 AM 9: 35

SECREBANT OF STATE TALLAHASSEE, FLORIDA



ii above	addresses are incorrect in any way, lin				w.			
			Mailing Office Address,	iling Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida O1/23/2001 FEI Number Applied For		
					5. FEI Numbe			
						58-2277203 Applied For Not Applied		
Zip	Zip Country Zip		Country		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 corpo	rations must list a	at least 3 directors)			
Title(s)	Name of Officers and/or Directors			treet Address of I	Each			
Р	STEVERSON, SIDNEY D		1320 NORTH W	/AY	DARIEN GA			
٧	COLSON, DANIEL A	I, DANIEL A		1320 NORTH WAY		DARIEN GA		
		-						
·					10		nen s	
- 7.1				100008938901 11/12/0201093021 **150.00			**150.08	
			Mr.	ulia		:		
			13.					
	8. Name and Address of Curre	ent Registered A	lgent	1	9. Name and	Address of New Registered	d Agent	
STEED	OLEY, LAURA M			Name MA	RK CH	APPELL		
8919 PHILLIPS HWY				Street Address (P.O. Box Number is Not Accepteble) 14003 BLOCH BULL				
JACKS	ONVILLE FL 32256		Suite, Apt. #, Etc. 54e. 400					
				I City	SONVIL	LE Sta		
10. I, being	appointed the registered agent of the	above named co	rporation, am familiar w	ith and accept th	e obligations of Secti	on 607.0505, F.S. or 617.05	05, F.S.	
Signature of	Agent Dare Capped	TURI	E REQU	MRED)	10 - 21	- 03	
nagratereu .	ngent as pro-	DECICTEDED (LOCKIT MUIOT CION			Date /0-3/ -	- von	

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

10-31-03

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



P.O. Box 726 Darien, Georgia 31305 912-437-4590

CONTENDER

October 31, 2001



Division of Corporations
Annual Report / Reinstatement Section
P.O. Box-6327
Tallahassee, FL. 32314-6327



To Whom It May Concern,



This letter is in regards to the revocations pamphlet that we received in the mail. This is the first time that we have received anything in the mail regarding this. In speaking with the manager, Amy Kidney, she brought to my attention that she had received a phone call from your office that the form needed to be filled out and was told that she could get the form off of the internet. When trying to pull the form off of the internet she encountered problems and could not get it. A call was then placed to try and get a new form mailed to our office. Ms. Kidney also informed them that we were no longer at the address they had us listed for in Jacksonville and she then gave him our P.O. Box in Georgia. Please accept our apologies in this matter. It was a lack of communication combined with relocation of our office.



BUDDY T





Daniel A Colson