

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000004457

1. Corporation Name

Coast to Coast Contractors, Inc.

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

E4355 East Gate Drive

Suite, Apt. #, etc.

City & State

Waupaca, WI

Zip

54981

Country

USA

3. Mailing Office Address

E4355 East Gate Drive

Suite, Apt. #, etc.

City & State

Waupaca, WI

Zip

54981

Country

USA

REINSTATEMENT 2010

4. Date Incorporated or Qualified
To Do Business in Florida

8/29/2002

5. FEI Number

39-2032714

☐ 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

Business Filings Incorporated

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

1203 Governors Square Blvd

Suite, Apt. #, Etc.

Suite 101

City

Tallahassee

State

FL

Zip Code

32301-2960

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

M Williams

Mark Williams, A.V.P., Business
Filings Incorporated

Date

4-12-2010

REGISTERED AGENT MUST SIGN

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
Pres/VP/ Sec/Dir	Murray Stegath	E4355 East Gate Drive	Waupaca, WI 54981
Treas/			

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 contained in Chapter 119, 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:

Murray Stegath

Murray Stegath, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/10

Daytime Phone #

920-867-3277

FILED
10 APR 14 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FL

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