

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F95000000504

1. Corporation Name

COASTAL CAPITAL MORTGAGE CORP.

00 OCT 16 AM 8:59

Principal Place of Business

Mailing Address

366 N. BROADWAY
SUITE 111
JERICHO NY 11753-2000
US

366 N. BROADWAY
SUITE 111
JERICHO, NY 11753-2000
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/30/1995

5. FEI Number

11-2924685

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	4 City / State / Zip
VP	GALE, MITCHEL	1 BEECH TREE LANE 62 FOXWOOD DRIVE	BROOKSVILLE NY 11545 Jericho NY 11753
DST	SNEAD, PAUL	9 FIREPLACE DR	KINGS PARK NY 11754
V	FREE, EMILIA	12 GRAND CANYON LANE	OSRAM NY 11727
C	JOHN T Michael	64 STATE ST	Rockville Centre NY 11570

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BLOCK, WAYNE B PA
9300 S. DADELAND BLVD., STE. 308
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

308003440343-3

-10/26/00-01052-024

***750,00 Date 12/26/00

FL

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

Wayne B Block
REGISTERED AGENT MUST SIGN

Date

10/13/00

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

SIGNATURE:

Wayne B Block
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/00

Daytime Phone #

CR2E040 (8/00)