

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

98 NOV 18 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # F96000000423

1. Corporation Name

COASTAL FUNDING SERVICES INC

Principal Place of Business 1101 GULF BREEZE PKY. GULF BREEZE FL 32561	Mailing Address AMERICAN NAT'L HOME MORTGAGE 611 COMMERCE ST #2709 NASHVILLE TN 37203 US 37203
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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		4. Date Incorporated or Qualified To Do Business in Florida 01/25/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 62-1621593	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	



REINSTATEMENT 98

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
PBSC Chairman of the Board	CLEGHORN, JOSEPH	3696 ALMAVILLE RD 209 Lakeshore Dr.	SMYRNA TN Old Hickory, TN 37138
S	CLEGHORN, BETTY	3696 ALMAVILLE RD 209 Lakeshore Dr.	SMYRNA TN Old Hickory, TN 37138
President	Army Fagan	244 Lisa Ln.	Nashville, TN 37200

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-11/25/98--01069--045
****750.00 ****750.00
b5 11/1/98

8. Name and Address of Current Registered Agent ODOM, DALE 1101 GULF BREEZE PKY. GULF BREEZE FL 32561	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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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 Dale Odom	TURE REQUIRED REGISTERED AGENT MUST SIGN	Date 11/16/98
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11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	(See other side for information on intangible tax.)
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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: Joseph Cleghorn, Sr.	Date 11-16-98	Daytime Phone # (415) 235-9145
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CR2E040 (8/98)