

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **F96000001343**

1. Corporation Name

COAST ASSET SECURITIES CORPORATION

Principal Place of Business

725 ARIZONA AVE #400
SANTA MONICA CA 90401

Mailing Address

725 ARIZONA AVE #400
SANTA MONICA CA 90401

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
99 OCT 22 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1996

5. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$875. A fee of \$875 is 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
DP	PETTIT, CHRISTOPHER D	725 ARIZONA AVE #400	SANTA MONICA CA 90401
DS	EDWARDS, LORI	725 ARIZONA AVE #400	SANTA MONICA CA 90401
V	SCHWERTFEGER, FRANK D	725 ARIZONA AVE #400	SANTA MONICA CA 90401
T	TINDALE, H. WHITNEY	725 ARIZONA AVE #400	SANTA MONICA CA 90401

700003031597--5
-11/02/99--01008--019
***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

Vicky Goldstein

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/19/99

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 807 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 807.0401 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.

KE

SIGNATURE:

FRANK SCHWERTFEGER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/99

Daytime Phone #

(310) 576-3529