

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 22 AM 8:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000003523

1. Corporation Name

COAST ASSET MANAGEMENT CORPORATION

Principal Place of Business

725 ARIZONA AVE., SUITE 400
SANTA MONICA CA 90401

Mailing Address

725 ARIZONA AVE., SUITE 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

4. Date Incorporated or Qualified
To Do Business in Florida

06/22/1998

5. FEI Number

95-4314050

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$6.75 Additional Fee required
for each certificate of status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCEO	SMITH, DAVID E	725 ARIZONA AVE., SUITE 400	SANTA MONICA CA 90401
EV	PETITT, CHRISTOPHER D	725 ARIZONA AVE., SUITE 400	SANTA MONICA CA 90401
VGC	SCHWERTFEGER, FRANK D	725 ARIZONA AVE., SUITE 400	SANTA MONICA CA 90401
VS	EDWARDS, LORI D	725 ARIZONA AVE., SUITE 400	SANTA MONICA CA 90401
CFO	TINDALE, WHITNEY	725 ARIZONA AVE., SUITE 400	SANTA MONICA CA 90401

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

988883031589--0

-11/02/99--01008--016

***750.00 ***750.00

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, 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 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:

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

10/18/99
Date

(31) 376-3529
Daytime Phone #