,		PLEASE	READ A	ALL INST	RUCTI	ONS BEFORE	COMPLETI	NG T	HIS FORM. FILE	ח	10
	RPORATI STATEM	(565)		S	ecretary	TMENT OF STATE of State DRPORATIONS			06 SEP 12 SECRETARY (PM I DESTA	ATE
1. Corpora	•			8852 Mgmt C				ı	ALLAHASSEE	, rLV	KIUA
2. Principal Office Address 246 2nd Street North 246 3. Mailing 246 3. Suite, Apt. #, etc. Suite, Apt. #						eet North			Qualified 1/1/10	83	4-0
				City & State Safety Harbor FL				50-2326630 			
^{Zip} 3469	34695 ÜSA			^z 34695			6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee requir				
	<u> </u>			7. N	ame and A	ddress of Current Regist	tored Agent				
	Curtis A Crenshaw										-
	Singer Address (P.O. Box Number is Not Acceptable) 246 200 Street North										
	Suite, Apt. #, Etc.										1
	Safety Harbor							State 34695			\dashv
8. I, being Signature o Registered	f /	e registered age	tu	re named corpo	1	amiliar with and accept the	obligations of sections	on 607.05 Date	alm 1	06	
9. Names	and Street A	ddresses of Eac	ch Officer and	or Director (Flo	rida nonpro	fit 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			
STD	Larson, Jeannine C				246 2nd Street North			Safety Harbor FL 34695			
D	Crenshaw, Curtis				246 2nd Street North			Safety Harbor FL 34695			
							9! 09/19	DOC 706-	79863 -01017020	698 ***	3 150.00
		,									**
								 			

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 reinstaltement 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 jisted 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2

September 11, 2006

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee FL 32301

RE: Corporation Reinstatement

Coastal States Realty and Management Corporation

To Whom It May Concern:

It was brought to our attention today that our corporation was administratively dissolved in 2004 for failure to file our Annual Reports. We did not receive our annual report notices for this corporation.

We have enclosed a check in the amount of \$450.00 which covers the Annual Report Fees for 2004-2006 along with the Corporation Reinstatement form.

Please note the mailing address change for this corporation as well as its Registered Agent. If you have any questions, please feel free to contact me.

Sincerely,

Curtis A. Crenshaw

727-723-9567 x15

/kdl