

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H58526

1. Corporation Name

COATES & ASSOCIATES OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

7643 PERSIAN CT.
ORLANDO FL 32811
US

PO BOX 690619
ORLANDO FL 32869-0679
US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

05/23/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2611373

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	COATES, WILLIAM C JR	7643 PERSIAN CT.	ORLANDO FL
DV	COATES, LEONA F	7643 PERSIAN CT.	ORLANDO FL
VP	COATES, DEREK R	7643 PERSIAN CT	ORLANDO FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COATES, WILLIAM C
7643 PERSIAN CT
ORLANDO FL 32819

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

William C Coates
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/24/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

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:

William C Coates
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/98 (407)364-5337

CR2E040 (9/98)