

DEC. 30. 2008 5:18PM

C S C

NO. 085

P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 DEC 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 897387

1. Corporation Name

Ronald C. Coffin, Inc.

2. Principal Office Address - No P.O. Box #
742 Santa Maria Drive3. Mailing Office Address
742 Santa Maria Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tierra Verde, FloridaCity & State
Tierra Verde, FloridaZip
33715

Country

Zip
33715

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/01/86

5. FEI Number
59-2631950Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
John M. Brennan, Esquire
Street Address (P.O. Box Number is Not Acceptable)
301 E. Pine Street
Suite, Apt. #, Etc.
Suite 1400City
OrlandoState
FL Zip Code
32801☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503 F.S.

Signature of
Registered Agent:

REGISTERED AGENT MUST SIGN

Date 12/29/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
PST	Ronald C. Coffin	742 Santa Maria Drive	Tierra Verde, FL 33715

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 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 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

Date

Daytime Phone #

12/29/08 (111) 864-4905

12/31/08

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

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CORPORATION REINSTATEMENT

RONALD C. COFFIN, INC.

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$3,750.00

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Corporate Filing Menu

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