PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 FEB -9 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J39388

1. Corporation Name
COASTAL EQUIPMENT SUPPLY INC.
2803 WHISPER PINE DR.
GULF BREEZE FL 32561 W2760

2. Principal Office Address	3. Mailing Office Address
2803 WHISPER PINE DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GULF BREEZE FL	City & State
Zip: 32561 Country: SANTA ROSA	Zip Country

REINSTATEMENT 89-60

4. Date Incorporated or Qualified To Do Business in Florida: SEPT 1986

5. FEI Number: 59-2747699 — Applied For / Not Applicable: SP

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

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-02/16/00--01006--030
***2142.50 ***2142.50

Name: LORETTA BARNES
Street Address (P.O. Box Number is Not Acceptable): 2803 WHISPER PINE DR.
Suite, Apt. #, Etc.:
City: GULF BREEZE State: FL Zip Code: 32561

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: Loretta Barnes President Date: 28-01-00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
PRES	LORETTA BARNES	2803 WHISPER PINE DR	GULF BREEZE FL 32561
SEC	PORTER B. BARNES JR.	1325 WILSHIRE CORT-SOUTH	JACKSONVILLE FL 32254

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 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: Loretta Barnes Loretta Barnes President 28-01-00 850-932-5212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #