

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
FILED

01 JAN -3 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

346236

1. Corporation Name

COASTAL COM, INC.

2. Principal Office Address

12724 Green Valley Blvd.

3. Mailing Office Address

same as principle office

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clermont, Florida

City & State

Zip

34711

Country

U.S.A.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/08/86

5. FEI Number

592749998

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301

REINSTATEMENT

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

BRIAN COURTNEY, ASST. V.P.

Date

1/3/2001

REGISTERED AGENT MUST SIGN

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
PSD	John R. Wright	99 Worthing Road	St. Simons Island, GA 31522
VTD	Andrew B. Sloan	306 John Shaw Road	St. Simons Island, GA 31522
CD	Leonard G. Wright	S.R. 470, POB 158	Okahumpka, FL
D	Alan S. Fogg	217 S. Plantation Circle	Ponte Vedra, FL 32082
D	Grady G. Gardner	3128 Rivermont Ave.	Lynchburg, VA 24503

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:

John R. Wright, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 2, 2001

Date

912-638-5553

Daytime Phone #

CR2E081 (9/99)