

**2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J48950

**FILED  
Apr 19, 2011  
Secretary of State**

**Entity Name:** COASTLINE CABINET COMPANY

**Current Principal Place of Business:**

8912 N. FORK DR.  
N. FT. MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3360  
N. FT. MYERS, FL 33918 US

**New Mailing Address:**

**FEI Number:** 59-2752252      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOBDELL, MICHAEL  
20539 EDGEWOOD ROAD  
N. FT. MYERS, FL 33917 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL LOBDELL

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPST  
Name: LOBDELL, MICHAEL  
Address: 20539 EDGEWOOD DRIVE  
City-St-Zip: N. FT. MYERS, FL 33917

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL LOBDELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/19/2011

\_\_\_\_\_  
Date