

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 20 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L57827**

1. Corporation Name

**COASTAL COTTON CO.**

Principal Place of Business

Mailing Address

% RICHARD LAZARUS  
1025 E 15TH ST  
HIALEAH FL 33010

% RICHARD LAZARUS  
1025 E 15TH ST  
HIALEAH FL 33010

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



200023938072  
10/20/03--01014--016 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

03/16/1990

5. FEI Number

65-0179716

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LAZARUS, RICHARD	1025 E 15TH ST	HIALEAH FL
D	LAZARUS, RUDOLPH	1025 E 15TH ST	HIALEAH FL
D	HANSON, GARY	1025 E 15TH ST	HIALEAH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAZARUS, RICHARD  
1025 E 15TH ST  
HIALEAH FL 33010

Name

LAZARUS, RICHARD

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

1501 E. 10 AVE.

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33010

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/10/03

11. 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:

SIGNATURE REQUIRED

RICHARD LAZARUS

10/10/03

305 887-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2040 (7/03)