

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **M65885**

1. Corporation Name

COASTAL STABILIZATION, INC.

Principal Place of Business

7701 INTERBAY BV
PO BOX 13798
TAMPA FL 33616

Mailing Address

7701 INTERBAY BV
PO BOX 13798
TAMPA FL 33616

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/19/1988

5. FEI Number

65-0038259

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
PD	DONOHUE, JOHN F	21 CONISTON RD	SHORT HILLS NJ 07078
V	MCCANN, JOSEPH	25 WALSINGHAM ROAD	MENDHAM NJ
STD	TELESMANICH, RICHARD C	100 STICKLE AVE.	ROCKAWAY NJ
AS	TEUNE, PETER	185 CEDAR LAKE ROAD	BLAIRSTOWN NJ
D	CORWIN, ARTHUR	4 HASTINGS ROAD	MORRIS PLAINS NJ
7000004700877-9 -11/30/01-01070-026 ****758.75 ****758.75			

8. Name and Address of Current Registered Agent

MUELLER, JOHN H

100 N. Tampa Street
Suite 2120
Tampa, FL 33602

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of
Registered Agent

John H. Mueller

REGISTERED AGENT MUST SIGN

Date

11-6-01

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:

Richard C. Telesmanich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C. Telesmanich, Sec y-treasurer

10787001

Daytime Phone #

973-627-2100

CR2E040 (8/01)