PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 NOV 27 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M05885

REINSTATEMENT 02

1. Corporation Name: COASTAL STABILIZATION, INC.
P.O. BOX 316
100 STICKLE AVE.
ROCKAWAY, NJ 07866

2. Principal Office Address	3. Mailing Office Address
100 STICKLE AVE	P.O. BOX 316
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: ROCKAWAY, NJ	City & State: ROCKAWAY NJ
Zip: 07866 Country: MORRIS	Zip: 07866 Country: MORRIS

4. Date Incorporated or Qualified To Do Business in Florida: 1982

5. FEI Number: 65-0038259 — Applied For / Not Applicable

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

7. Name and Address of Current Registered Agent

Name: John H. Mueller

Street Address (P.O. Box Number is Not Acceptable): 100 N. Tampa Street

800009241698
11/27/02--01074--015 **758.75

Suite, Apt. #, Etc.: 2120

City: Tampa | State: FL | Zip Code: 33602

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 BY: John H. Mueller — Date: 11-25-02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
PD.	Donohoe, John	21 Coniston Rd	Short Hills, NJ 07078
STD	Telesmanich Richard	81 Baylor Ave	Hillsdale, NJ
D	Corwin, Arthur	4 Hastings Road	Morris Plains, NJ
V	McCann, Joseph	53 Walsingham Rd.	Mendam, NJ

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: Richard C. Telesmanich (973) 627-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 11-22-02 Date — Daytime Phone #