

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 192

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JUN 16 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000001821

1. Corporation Name

Coastal Contractors of South Florida, Inc.

2. Principal Office Address

(New)  
7638 BRUNSON Cir.

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

Zip

33467

Country

USA

3. Mailing Office Address

P.O. Box 740847

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

Zip

33474

Country

USA

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida

1-6-2000

5. FEI Number

65-0970396

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$375 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROBERT S. DAVIS

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

7638 BRUNSON Circle

Suite, Apt. #, Etc.

City

LAKE WORTH, FL

State

FL

Zip Code

33467

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

REGISTERED AGENT MUST SIGN

Date

6/4/04

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
Pres/	ROBERT S. DAVIS	7638 Brunson Cir.	LAKE WORTH, FL 33467
Secretary		LAKE WORTH, FL 33467	

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/04

Date

(772) 528-0395

Daytime Phone #

CR2E081 (10/02)

ps 2002

June 7, 2004

Dept. of State  
Division of Corporations

Ref Document # P00000001821

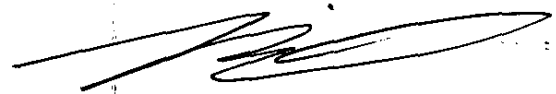
To whom this may concern,

As a result of an address change, we did not receive the renewal form for the above referenced corporation.

We have enclosed a check in the amount of \$308.75 for reinstatement of the corporation document number listed above. The legal name of the corporation is Coastal Contractors of South Florida, Inc.

I can be reached at (772) 528-0395 if you have any questions. Please note the new address on the application and forward any future correspondence to this address.

Thank you for your assistance.



Robert S. Davis, President  
Coastal Contractors of South Florida, Inc