

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P00000001821**

1. Corporation Name

COASTAL CONTRACTORS OF SOUTH FLORIDA, INC

2. Principal Office Address - No P.O. Box #

**7615 BRUNSON CIR**

Suite, Apt. #, etc.

City & State

**LAKE WORTH. FL**

Zip

**33467**

Country

**USA**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

7. Name and Address of Current Registered Agent

Name

**LUIS GUILLERMO ZEPEDA**

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

**1951 SW PANTHER TRACE**

Suite, Apt. #, Etc.

City

**STUART**

State

**FL**

Zip Code

**34997**

4. Date Incorporated or Qualified  
To Do Business in Florida

**01/06/00**

5. FEI Number

**65-0970396**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **03/12/2010**

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
<b>P</b>	<b>ROBERT S. DAVIS</b>	<b>7615 BRUNSON CIR</b>	<b>LAKE WORTH. FL</b>

10. E-mail Address: **COASTAL.BD@GMAIL.COM**

(To be used for future annual report notification)

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. I further certify 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3-12-10**

Daytime Phone #

**561-304-4300**

FILED

10 APR 20 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200173151182  
04/20/10--01016--025 \*\*150.00

REINSTATEMENT 08-10

200173151182  
03/25/10--01037--013 \*\*300.00  
CR2E081 (11/09)