

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -7 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **000000010104**

1. Corporation Name

COASTAL HOME SERVICES, INC

REINSTATEMENT 03

2. Principal Office Address

1064 MEADOW VIEW LN

3. Mailing Office Address

1064 MEADOW VIEW LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FL

City & State

ST. AUGUSTINE, FL

Zip

32092

Country

U.S.

Zip

32092

Country

US

4. Date Incorporated or Qualified
To Do Business In Florida

1/31/2000

5. FEI Number

59-3621676

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRIAN A. LaPORTE

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

1064 MEADOW VIEW LANE

Suite, Apt. #, Etc.

City

ST. AUGUSTINE

State

FL

Zip Code

32092

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

Brian A LaPorte

Date

11/4/03

REGISTERED AGENT MUST SIGN

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
0/P/S/T	BRIAN A. LaPORTE	1064 MEADOW VIEW LN	ST. AUGUSTINE, FL 32092
VP	NICOLETTE J. LaPORTE	1064 MEADOW VIEW LN	ST. AUGUSTINE, FL 32092

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:

Brian A LaPorte

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/4/03

Date

904 226 2893

Daytime Phone #

CR2E081 (10/02)