PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 27 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000021393

1. Corporation Name 7 Series Coast to Coast Corporation

000040589540
08/27/04--01072--005 **1050.00

2. Principal Office Address	3. Mailing Office Address
253 Flanders Dr	Po Box 33880
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Indialantic FL	City & State: Indialantic FL
Zip: 32903 Country: United States	Zip: 32903 Country: United States

4. Date Incorporated or Qualified To Do Business in Florida: February 24, 2004

5. FEI Number: 58-2526824 ☐ 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: Beatrice Curri

Street Address (P.O. Box Number is Not Acceptable): 4650 Links Village Dr

Suite, Apt. #, Etc.: # A205

City: Ponce Inlet State: FL Zip Code: 32127-8065

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: Beatrice M. Curri Date: 8/25/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	David Curri	253 Flanders Dr	Indialantic FL 32903
S	Cari Curri	253 Flanders Dr	Indialantic FL 32903
		PRESIDENT 02-04	

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: Cari Curri 8/25/2004 321-271-8403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #