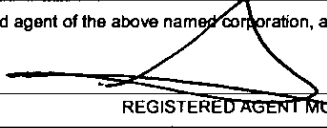
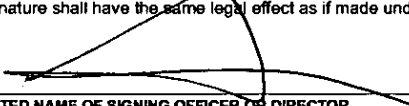


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P00000037674 1. Corporation Name Coast to Coast Equipment Company.		FILED 03 JAN -2 AM 10:30 SECRETARY OF STATE TALLAHASSEE, FLORIDA 400009770214 12/31/02--01070--001 **450.00	
2. Principal Office Address 6719 Houlton Circle Suite, Apt. #, etc.		3. Mailing Office Address 6719 Houlton Circle Suite, Apt. #, etc.	
City & State Lake Worth, FL Zip 33467 Country USA		City & State Lake Worth, FL Zip 33467 Country USA.	
		4. Date Incorporated or Qualified To Do Business in Florida	
		5. FEI Number Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name: Jorge Llanes			
Street Address (P.O. Box Number is Not Acceptable): 6719 Houlton Circle			
Suite, Apt. #, Etc.			
City: Lake Worth		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: 		Date: 12/30/02	
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
Pres	Jorge Llanes	6719 Houlton Circle	Lake Worth, FL 33467
VP.	Oswaldo Llanes	7880 Sonoma Sprie Cir #205	Lake Worth, FL 33463
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: 		Date: 12/30/02	Daytime Phone #: (561) 271-8769
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E081 (9/01)

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COAST TO COAST

Equipment Company

Loader, Bobcat, Dump Trucks, Dumpsters, Trash Cleanup, Clearing & Finishing

We apologize that the payments have not been made. The mail address of the company was the address of my associates and even though I gave him the money on time it appeared that he did not make the payment and for that reason my company was dissolved.

The enclosed check for \$450.00 is for the payments of the years 2001, 2002 and I am prepaying 2003. As I was told by one of your agents this morning is \$150.00 per year.

Sincerely,

Jorge Llanes.

