

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM


FILED

2008 JAN 30 PM 12:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300116458083  
01/30/08--01033--015 \*\*450.00

CR2E081 (12/07)

|                                      |  |
|--------------------------------------|--|
| <b>CORPORATION<br/>REINSTATEMENT</b> |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b> |
|--------------------------------------|--|

DOCUMENT # P00000039375

1. Corporation Name

Inter-Boundary Coastal, Inc.

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

633 S. Federal Highway

Suite, Apt. #, etc.

Suite 400A

City & State

Fort Lauderdale, Florida

Zip

33301

Country

US

3. Mailing Office Address

633 S. Federal Highway

Suite, Apt. #, etc.

Suite 400A

City & State

Fort Lauderdale, Florida

Zip

33301

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

April 19, 2000

5. FEI Number  
65-1071729

☐ 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

Gregory G. Olsen

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

633 South Federal Highway

Suite, Apt. #, Etc.

Suite 400A

City

Fort Lauderdale

State

FL

Zip Code

33301

☒ 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

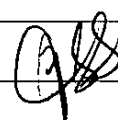
Date 1/28/08

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip             |
|--------|--------------------------------------|---|--------------------------------|
| D      | Gregory G. Olsen                     | 633 South Federal Highway, Suite 400              | Fort Lauderdale, Florida 33301 |
|        |                                      |   |                                |
|        |                                      |   |                                |
|        |                                      |   |                                |
|        |                                      |   |                                |
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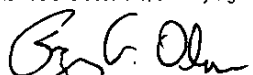
REINSTATEMENT

06-08



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 contained in Chapter 119, 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:

 (Gregory G. Olsen, Director)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-524-3111

Date

Daytime Phone #