

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JUL 10 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # ~~H00000020870~~

1. Corporation Name

P00000042814

COASTAL LIVING GIFT AND GARDEN, INC.

2. Principal Office Address

27 QUINCY CIRCLE

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 4652

Suite, Apt. #, etc.

City & State

SEASIDE

Zip

32459 FL

City & State

SANTA ROSA BEACH

Zip

32459 FL

700021457647

07/10/03--01034--004 \*\*458.75

4. Date Incorporated or Qualified  
To Do Business in Florida

4/28/2000

5. FEI Number

59-3645984

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

DENISE IVES

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

41 JANE CIRCLE

Suite, Apt. #, Etc.

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

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

*Denise Ives*

REGISTERED AGENT MUST SIGN

Date

7/7/03

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	DENISE IVES	41 JANE CIRCLE	SANTA ROSA BEACH, FL 32459
V	LARRY IVES	41 JANE CIRCLE	SANTA ROSA BEACH, FL 32459

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:

*Denise Ives* DENISE IVES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/03

Date

850-231-3211

Daytime Phone #

CR2E081 (10/02)

2/2

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314  
Phone: 850-245-6059

Date: 7/7/03

To Whom It May Concern;

Enclosed is a Reinstatement form with the current information of our corporation.  
Note due to the incorrect mailing address the Department of State had I never  
received the annual reports.

I called and talked to a representative at the Department of State and I have  
been expunged from Reinstatement fees.


I have enclosed \$458.75, which pays for 3 years of annual reports plus  
a Certificate of Status.

If you have any questions please call me at 850-231-3211 or fax 850-231-3741 or  
850-585-4712 cell or email me at [Kiawah@cybertron.com](mailto:Kiawah@cybertron.com).

Coastal Living Gift and Garden, Inc. DBA/Fired-Up of Seaside  
FEI# 59-3645984

Thank you,

Sincerely,

  
Denise Ives  
President