

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 DEC 19 PM 2: 05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068659

1. Corporation Name

**Coastal Sunrise, Inc.**

2. Principal Office Address - No P.O. Box #  
1102 Huron Ct.

3. Mailing Office Address  
1102 Huron Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Winter Springs

City & State  
Winter Springs

Zip  
32708

Country  
USA

Zip  
32708

Country  
USA

4. Date Incorporated or Qualified To Do Business in Florida 07/17/2000

5. FEI Number  
59 3665906

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  
Catherine E Davis, J.D.,LLM.

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

Suite, Apt. #, Etc.  
Suite 210

City  
Maitland

State  
FL

Zip Code  
32751

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

Date 12/07/2007

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
P	Susan L. Taylor	1102 Huron Ct.	Winter Springs/Florida/32708
S	Dean P. Taylor	1102 Huron Ct.	Winter Springs/Florida/32708

60011327696  
12/19/07--01038--024 \*\*758.75

*12/12/20*

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:

*Susan L. Taylor*

Susan L. Taylor

12/07/2007

407-359-8062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #