

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 16 AM 10:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000071096

1. Corporation Name

COASTAL HI-PERFORMANCE, INC.

2. Principal Office Address - No P.O. Box #
111 10th Street S.

3. Mailing Office Address
111 10th Street S.

Suite, Apt. #, etc.
Suite 111

Suite, Apt. #, etc.
Suite 111

City & State
Bradenton Beach FL

City & State
Bradenton Beach FL

Zip
34217

Country
USA

Zip
34217

Country
USA

REINSTATEMENT

04-07

4. Date Incorporated or Qualified
To Do Business in Florida 07/26/2000

5. FEI Number 651042134

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
FINNEY & ASSOCIATES, INC.

Street Address (P.O. Box Number is Not Acceptable)
5910 CORTEZ ROAD W.

Suite, Apt. #, Etc.
Suite 110

City
BRADENTON

State
FL

Zip Code
34210

☒ 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 10-12-07

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
PD	GEORGE S. GREEN, JR.	111 10th STREET S. suite 111	BRADENTON BEACH FL 34217
VSTD	DEBORAH M. GREEN	111 10th STREET S. suite 111	BRADENTON BEACH FL 34217

300110864663
10/16/07 01057 005 **\$500.00

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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

800-873-2447
10-12-07