CORPORATION REINSTATEMENT

2002 - 2004

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 22 AM 11: 23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P00000079274*

1. Corporation Name

Coastal Pools, Inc.

2. Principal Office Address

18567 Dogwood Rd

Suite, Apt. #, etc.

City & State
Ft Myers Fl.

Zip	Country
33912	Lee

3. Mailing Office Address

18567 Dogwood Rd

Suite, Apt. #, etc.

City & State
Ft Myers Fl.

Zip	Country
33912	Lee

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number | 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
Brion Coughlin

Street Address (P.O. Box Number is Not Acceptable)
18567 Dogwood Rd

Suite, Apt. #, Etc.

City
Ft Myers | State FL | Zip Code 33912

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 4/6/04

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/D	Brian Coughlin	18567 Dogwood Rd	Ft Myers Fl. 33912

900032618089
04/13/04--01061--018 **450.00

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 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: _____ 4/6/04 239-498-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

CR2E081 (01/04)