

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 27 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000088594

1. Corporation Name

COASTAL WATER SPORTS, INC.

Principal Place of Business

2385 PGA BLVD. STE. D  
PALM BEACH GARDENS FL 33410

Mailing Address

2385 PGA BLVD. STE. D  
PALM BEACH GARDENS FL 33410

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/18/2000

5. FEI Number

65-1040828

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	CHIACCIO, ROBERT	10962 EGRET POINT LANE	WEST PALM BEACH FL 33412

500024172495  
10/27/03--01101--010 \*\*150.00

8. Name and Address of Current Registered Agent

CHIACCIO, ROBERT  
2385 PGA BLVD, STE. D  
PALM BEACH GARDENS FL 33410

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/24/03

11. 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:

Robert Chiacchio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/24/03

Daytime Phone #

Buo-561-776-8322  
Hm-561-248-1114

CR2E040 (7/03)

COASTAL WATER SPORTS  
2385 PGA BLVD SUITE D  
P.B.G. FLA 33410

10-24-03

RE #65-104828

TO WHOM IT MAY CONCERN

WE APOLOGIZE FOR ANY INCONVENIENCE  
WITH REGARD TO FILING 2003 TAX. WE WERE  
UNAWARE OF THIS NOTICE. AT THIS TIME WE FEEL  
IT WAS MISPLACED BY OUR OLD MANAGER OR THE  
ACCOUNTANT. WE WOULD APPRECIATE YOUR CONSIDERATION  
IN THIS MATTER. THANKING YOU IN ADVANCE  
WE REMAIN

VERY TRULY YOURS  
SALVATORE SABELLA  
MGR

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