

# **2004 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P00000089225

**FILED**  
**Oct 20, 2004**  
**Secretary of State**

**Entity Name:** COASTAL RESORT MANAGEMENT, INC.

**Current Principal Place of Business:**

912 NE 81ST ST.  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

912 NE 81ST ST.  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 01-0768537

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THI SQUIRE, THUY-AI  
912 NE 81ST ST.  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

SQUIRE, THUY-AI  
912 NE 81ST ST.  
MIAMI, FL 33138 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THUY-AI SQUIRE

10/20/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THI SQUIRE, THUY-AI  
Address: 912 NE 81ST ST.  
City-St-Zip: MIAMI, FL 33138

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THUY-AI SQUIRE

D

10/20/2004

Electronic Signature of Signing Officer or Director

Date