

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB 20 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000089225**

1. Corporation Name

**Coastal Resort Management**

2. Principal Office Address

**912 NE 81 St.**

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

**33138**

Country

3. Mailing Office Address

**912 NE 81 St.**

Suite, Apt. #, etc.

City & State

**Miami FL**

Zip

**33138**

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**9/8/2000**

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

**Thuy-Ai Thi Squire**

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

**912 NE 81 St.**

Suite, Apt. #, Etc.

City

**Miami**

State  
**FL**

Zip Code

**33138**

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

**JS**

REGISTERED AGENT MUST SIGN

Date **12/27/02**

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
Director	Thuy-Ai T. Squire	912 NE 81 St.	Miami, FL 33138

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:

**JS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12/27/02 305-532-1516**

Date

Daytime Phone #

CR2E081 (9/01)

7/2/20

December 27, 2002

I have been informed that my check and re-instatement application were returned on September 17, 2002. However, I have not to this date received the returned items or any correspondence. I therefore request that the re-instatement fee be waived and the new application and check be processed at your earliest convenience.

Thank you,



Thuy-Ai Squire  
Coastal Resort Management Inc.