

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

ATX1

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUL -9 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P00000105944**

1. Corporation Name

**COASTAL PRODUCE INC**

2. Principal Office Address

3. Mailing Office Address

**P.O. BOX 11337**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**TAMPA, FL**

Zip

Country

Zip

Country

**33680**

4. Date Incorporated or Qualified  
To Do Business in Florida

**2/1/2001**

5. FEI Number

Applied For

**59-3681347**

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

**THOMAS A. MARTIN**

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

**2987 CYPRESS LAKES CT.**

Suite, Apt. #, Etc.

**600021569376**

**07/15/03--01057--010 \*\*150.00**

City

State

Zip Code

**TARPON SPRINGS**

**FL**

**34688**

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

**7-2-03**

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| P T    | THOMAS A MARTIN                      | 2987 CYPRESS LAKES CT                             | TARPON SPRINGS, FL 34688 |
| V S    | TAMARA C. MARTIN                     | 2987 CYPRESS LAKES CT                             | TARPON SPRINGS, FL 34688 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-2-03**

7110

**Michael A. Knox, CPA, PA.**

Michael A. Knox, CPA, CVA  
701 South Howard Ave., Suite 203  
Tampa, FL 33606

813.690.0522  
813.258.2880 Fax  
michaelknoxcpa@aol.com

July 1, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Coastal Produce, Inc.  
EIN # 59-3681347  
Document #00000105944

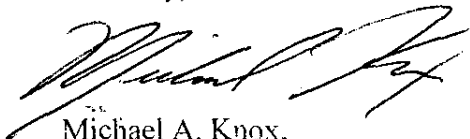
To Whom It May Concern:

As per your instructions we are formally requesting an abatement of all penalties associated with the filing of the annual report and its reinstatement. The above mentioned corporation moved and never received your notice to file. Attached are the application for reinstatement and a check for \$150.00, representing the filing fee due.

I believe that we have supplied you with all the information you requested.

Thanking in advance for your cooperation. If you have any questions, please contact my office.

Sincerely,



Michael A. Knox,  
Certified Public Accountant,  
Certified Valuation Analysts