

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 DEC 16 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000002816**

1. Corporation Name

COASTAL CONSTRUCTION MANAGEMENT OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

Mailing Address

540 10TH STREET NORTH
NAPLES FL 34102

540 10TH STREET NORTH
NAPLES FL 34102

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State,

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/08/2001

5. FEI Number

59-3690894

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
P	MEISTER, ROBERT P	1120 12TH ST N	NAPLES FL 34102
VP	MEISTER, ROBERT P JR	280 GULFSHORE BLVD S	NAPLES FL 34102
S	Pace, Bonnie	22081 Seashore Circle	Estero, FL 33928
T	MEISTER, JOSHUA	1117 MILANO DR	NAPLES FL 34103

700025513597
12/16/03--01012--025 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEISTER, ROBERT P III
540 10TH STREET NORTH
SUITE 200
NAPLES FL 34102

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

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11.14.03

239.262.8565

CR2ED40 (7/03)