

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 APR -6 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000010645

1. Corporation Name

COQUINA ENVIRONMENTAL SYSTEMS, INC

REINSTATEMENT

2. Principal Office Address

6970 BAYFRONT RD

Suite, Apt. #, etc.

3. Mailing Office Address

6970 BAYFRONT RD

Suite, Apt. #, etc.

City & State

PORT ST. JOHN FL

Zip

32927

Country

BREVARD

City & State

PORT ST. JOHN, FL

Zip

32927

Country

BREVARD

4. Date Incorporated or Qualified
To Do Business in Florida

9/29/2001

5. FEI Number

593696101

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

ANDREW S. WOLTER

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

6970 BAYFRONT RD

Suite, Apt. #, Etc.

City

PORT ST. JOHN

State

FL

Zip Code

32927

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

Andrew S. Wolter

REGISTERED AGENT MUST SIGN

Date 3/6/07

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
D	ANDREW S. WOLTER	6970 BAYFRONT RD	PORT ST. JOHN, FL, 32927

500096352805
04/10/07--01039--019 **600.00

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 contained in Chapter 119, 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:

Andrew S. Wolter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/07

Date

Daytime Phone #

321
288
0023

03/06/07

2 yr

TO WHOM IT MAY CONCERN:

WE AT COQUINA ENVIRONMENTAL SYSTEMS DID NOT RECEIVE
THE 2004 ANNUAL REPORT REMINDER NOTICE.

DID NOT GET REMINDER
IN MAIL FOR FILING
ANNUAL REPORT
A.W.