

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000012052

1. Corporation Name

COASTAL SHOTCRETE INC.

FILED
08 DEC 19 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

10/31/07 01010 002 \$550.00

CR2E081 (10/08)

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

3445 PINEHURST DR. 3445 PINEHURST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HOLIDAY FL

HOLIDAY FL

Zip

Country

Zip

Country

34691

US

34691

4. Date Incorporated or Qualified
To Do Business in Florida

JAN 31 2001

5. FEI Number

593700657

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

MICHAEL SEREDA

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

3445 PINEHURST DR

Suite, Apt. #, Etc.

City

HOLIDAY

State

FL

Zip Code

34691

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SECRETARY	MICHAEL SEREDA (PRESIDENT)	3445 PINEHURST DR.	HOLIDAY FL 34691

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 118, 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 #

MICHAEL SEREDA

12/17/08

(727)

560 0505

12/19