

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 JAN -2 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000018106**

1. Corporation Name

CONTINENTAL COIN INVESTORS, INC.

Principal Place of Business

Mailing Address

~~1121 MARGARET ST.
KEY WEST FL 33040~~

~~1121 MARGARET ST.
KEY WEST FL 33040~~



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

2. New Principal Office Address, If Applicable

3132 N. Hwy 98

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2001

5. FEI Number

59-3702309

Applied For

Not Applicable

City & State

LAKE LAND, FL

City & State

Zip

33805

Country

POLK

Zip

Country

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
DP	KIMES, JAMES R	36 PALMETTO DR.	KEY WEST FL 33040
DV	CUMMINGS, MICHAEL L	5218 N. ORANGE BLOSSOM TRAIL	ORLANDO FL 32810

8000009794942
01/03/03--01005--005 **150.00

8. Name and Address of Current Registered Agent

**SAWOSCINSKI, VICKI A
140 FISH HATCHERY RD.
LAKE LAND FL 33801**

9. Name and Address of New Registered Agent

Name

MICHAEL L. CUMMINGS

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

3132 N. Hwy 98

Suite, Apt. #, Etc.

City

LAKE LAND

State

FL

Zip Code

33805

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]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **DEC 30 2002**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC 30/02 863-603-9899

Date

Daytime Phone #

CR2E040 (8/02)

December 30, 2002

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

Dear Sirs,

I am sorry that we did not receive the prior (UBR) notices, probably due to our change of address.

Please accept this application for reinstatement and filing fee of \$150.00

Sincerely,


Michael L. Cummings

Continental Coin Investors, Inc.
3123 N. HWY 98
Lakeland, FL 33805-2103

Tel 863-603-9899
Fax 863-603-9880
Toll Free 866-603-9899

WEBSITE: www.internet4coins.com
Email: mpccoin@hotmail.com
Email: mpccoin@ozline.net