

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUL 25 AM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000024987*

1. Corporation Name

Coastal Home Mortgage, Inc

2. Principal Office Address

334 US Hwy 41 By Pass S.

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

Zip

34285

Country

Sarasota

Zip

34285

Country

Sarasota

900021763539

07/24/03--01042--014 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

3-26-01

5. FEI Number

051081904

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

Jodi T Bowser

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

238 Snyder Dr

Suite, Apt. #, Etc.

City

Venice

State

FL

Zip Code

34293

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

Jodi T Bowser / president

REGISTERED AGENT MUST SIGN

Date *7-23-03*

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
<i>President</i>	<i>Jodi T Bowser</i>	<i>238 Snyder Dr</i>	<i>Venice FL 34293</i>

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:

Jodi T Bowser

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-03

Date

Daytime Phone #

CR2E081 (10/02)

7/28

334 US HWY 41 BYPASS SOUTH SUITE B VENICE, FL 34292
PHONE (941)412-1800 FAX (941)412-1818

**COASTAL HOME
MORTGAGE, INC**

Fax

To: To whom it may concern From: Jodi
FAX _____ Pages: _____
Phone: _____ Date: 7-23-03
Re: P01000024987 CC: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

• Comments:

I spoke to a person that said
to write this & explain that the
address that was listed has been
the wrong & to send a check for
\$300.00 & ask for the waiver.

Please reinstate the co.
as soon as possible

Thanks.
Jodi R. French
941-412-1800