

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 13 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000048580**

1. Corporation Name

COULTGAYE GROUP OF COMPANIES INC.

2. Principal Office Address

14094 43rd ROAD NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FLORIDA

Zip

33470

Country

USA

3. Mailing Office Address

14094 43rd ROAD NORTH

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FLORIDA

Zip

33470

Country

USA

800055376288
05/26/05--01052--013 **300.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number
65-1102407

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

CHUCK MOGBO, P.A.

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

2800 W. OAKLAND PK BLVD

Suite, Apt. #, Etc.

209

City

OAKLAND PARK

State

FL

Zip Code

33311

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

5/11/05

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
P	GARY COULTON	14094 43rd ROAD NORTH	LOXAHATCHEE FL 33470
VP	LISA-GAYE COULTON	14094 43rd ROAD NORTH	LOXAHATCHEE FL 33470

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:

[Signature]

LISA-GAYE COULTON (VP)

4/14/05

954-540-1433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

4/14/05

2052

To whom it may concern

We are requesting if the fee for \$600 for re-instatement could be waived as we never received the notification for 2004. We would really appreciate your assistance. We have enclosed a check for \$300 for 2004 and 2005. Thank you again for your support.

Yours truly,

Ann Louton.

I may be contacted at 954-540-1433 or 561-514-1760 or 561-656-1980, for any information.