PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 25 AM 8:01

CORPORATION REINSTATEMENT

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

02 UBR

DOCUMENT # P01000071321

600008593596
10/25/02--01059--004 **150.00

1. Corporation Name

South Coastal Trading Co. Inc.

2. Principal Office Address	**3.** Mailing Office Address
3471-N. Fed. Hwy.	P.O. Box 2383
Suite, Apt. #, etc. (302) Rossetti Building	Suite, Apt. #, etc. —
City & State Ft. Lauderdale Fl	City & State Ft. Lauderdale, FL
Zip 33306 Country U.S.A.	Zip 33303 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida July 19, 2001

5. FEI Number 65-1123?3 ☐ 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: Richard Giorgi

Street Address (P.O. Box Number is Not Acceptable): 1951 NE 43 ct.

Suite, Apt. #, Etc.:

City: Oakland Park State: FL Zip Code: 33308

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: Richard Giorgi REGISTERED AGENT MUST SIGN Date 10-21-2002

CR2E081 (9/01)

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/ Pres	Richard Giorgi	1951 NE 43 St	Oakland Park, Fl. 33308

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: Richard Giorgi Pres 10-20-02 954-563-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

954-205-7454

11/4/02 GN

Main Number
813.657.9191

South Coastal Trading Co.
Ft. Lauderdale and Tampa

Fax Number
813.657.9157

Fax

To: Dept. of State, Div. of Corp. **From:** Richard Giorgi

Fax: **Pages:**

Phone: **Date:** 10-20-02

Re: South Coastal Trading Co. Inc **CC:**

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

• **Comments:**

I moved to Tampa and I never Rec'd the Renewal Form. I have been out of commission for almost 4 months recovering from a Tripple Heard by Pass operation. Documentation on Request. Please Reinstate As per my conversation with your Rep. Thank You

South Coastal Trading Co.

Thank you,

Richard Giorgi Pres