

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

B 1/22

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P01000121828

1. Corporation Name

COASTAL CLINICAL RESEARCH, INC.

2. Principal Office Address

13066 Berwickshire Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32224

Country

USA

3. Mailing Office Address

13066 Berwickshire Dr.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32224

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2002

5. FEI Number

04-3585608

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

FILED  
05 SEP 22 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03-05

2005

7. Name and Address of Current Registered Agent

Name

SARAH MCCLURE

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

13066 Berwickshire Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32224

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

Sarah McClure

REGISTERED AGENT MUST SIGN

Date

9/7/05

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	SARAH MCCLURE	13066 Berwickshire Drive	Jacksonville, FL 32224
VP	BART MCCLURE	13066 Berwickshire Drive	Jacksonville, FL 32224

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:

Sarah McClure

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/7/05

Daytime Phone #

904-223

4529

PB 2572

# **TAX ADVANTAGE**

Income Tax Services  
Financial & Insurance Services  
Accounting & Bookkeeping Services

**JAMES K. REESE, EA**

1201 North Third Street • Jacksonville Beach, Florida 32250 • (904) 241-0050 • Fax (904) 241-0752

September 7, 2005

Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Coastal Clinical Research, Inc. –  
2003, 2004 & 2005 Uniform Business Reports  
Document #: P01000121828

Dear Sir or Madam:

Please find the enclosed Check for \$450.00 for the above referenced Corporation's 2003, 2004, & 2005 Uniform Business Reports. Due to an address change, the Taxpayer never received the 2003 or subsequent annual reports. We request your assistance in abating the Late Filing Penalty. Your cooperation and understanding is appreciated in advance.

If you have any questions, please do not hesitate to contact me.

Sincerely,



James K. Reese, EA

Enclosures:  
Check for \$450.00