

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 27 AM 9:20

DOCUMENT # P02000001304

1. Corporation Name INTERCOASTAL COMMUNICATIONS INC.

REINSTATEMENT 03-04

2. Principal Office Address

P.O. Box 10171

3. Mailing Office Address

P.O. Box 10171

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo, FL.

City & State

Largo, FL.

Zip

33773

Country

USA

Zip

33773

Country

USA

900041254409

09/22/04--01017--002 \*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1/2/02

5. FEI Number

03-0383110

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

GARY J. HOLCK

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

1961 A.V.'S CIRCLE E.

Suite, Apt. #, Etc.

City

CLEARWATER

State

FL

Zip Code

33764

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]

Date 8/25/04

REGISTERED AGENT MUST SIGN

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
PRESIDENT	ROBERT VACHA	325 6TH AVE.	INDIAN ROCKS BEACH, FL 33785

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

8-25-04

Daytime Phone #

727-544-8553

CR2E081 (9/01)

**GARY J. HOLCK  
TAX CONSULTANT**

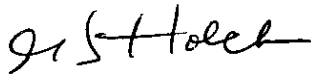
1961 Arvis Circle E  
Clearwater, FL  
33764  
Phone 727-507-9255  
Fax 727-538-5306

July 28, 2004

TO WHOM IT MAY CONCERN,

I'M WRITING THIS LETTER ON BEHALF OF INTERCOASTAL COMMUNICATIONS INC. AFTER REVIEWING THERE FILE IT APPEARS THERE HAS BEEN NO CORRESPONDENCE FROM YOUR DEPARTMENT. AT THIS TIME I WOULD LIKE TO CLARIFY THAT THIS CORPORATION WAS REGISTERED ON 01/02/2002. IF THERE ARE ANY REPORTS AND/OR FEES THAT HAVE TO BE FILED AND PAYED PLEASE CONTACT. ALSO I WOULD LIKE TO REQUEST IF THERE IS A PENALTY REGARDING THIS MATTER THAT THERE WOULD BE CONSIDERATION FOR WAVING THAT PENALTY. THANK YOU VERY MUCH FOR YOUR COOPERATION.

SINCERELY YOURS,



GARY J HOLCK

INTERCOASTAL COMMUNICATIONS INC.  
PO BOX 10171  
LARGO FL 33773  
EIN#03-0383110  
TAX YEAR 2002/2003/2004

02000001304

ATTENTION:

ROBERT VACHA