

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAR -3 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000015525

1. Corporation Name

COASTAL CLEARING AND DEVELOPMENT COMPANY, INC.

**REINSTATEMENT** 03-04

2. Principal Office Address

83-B' HWY 98

3. Mailing Office Address

83-B HWY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EASTPOINT, FL

City & State

EASTPOINT, FL

Zip

32328

Country

USA

Zip

32328

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

02/11/2002

5. FEI Number

68-0510089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

100029812301  
03/03/04--01046--011 \*\*300.00

**7. Name and Address of Current Registered Agent**

Name

WINFRED L. COX

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

9 4TH STREET

Suite, Apt. #, Etc.

City

EASTPOINT

State  
FL

Zip Code  
32328

100029812301  
03/03/04--01046--011 \*\*308.75

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

Date 02/12/2004

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
D	BRANDT J. RUDZINSKI	3924 TIGER POINT BLVD	GULF BREEZE, FL 32563-3514
D	WINFRED L. COX	9 4TH STREET	EASTPOINT, FL 32328
D	JAMIE D. CRUM	PO BOX 684	EASTPOINT, FL 32328
D	JEANNE BONDS	415 SAWYER STREET	ST GEORGE ISLAND, FL 32328
D	AARON WRAY	415 SAWYER STREET	ST GEORGE ISLAND, FL 32328

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:

02/12/2004

850 670-1655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #