

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PS 132

FILED


05 APR 25 AM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts MAY 04 2005

03-05

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PD2000060250

1. Corporation Name

COASTAL LANDSCAPING, INC.

2. Principal Office Address

P.O. BOX 2772

3. Mailing Office Address

P.O. BOX 2772

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PONTE VEDRA BEACH, FL

City & State

PONTE VEDRA BEACH, FL

Zip

32004

Country

USA

Zip

32004

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/31/02

5. FEI Number

04-3682622

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

DONALD A. NASBY

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

1033 SEAHAWK DRIVE

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH

State

FL

Zip Code

32082

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

Donald A. Nasby
REGISTERED AGENT MUST SIGN

Date

April 22, 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
DPST	DONALD A. NASBY	P.O. BOX 2772	PONTE VEDRA BEACH, FL 32004

200054125132
05/10/05--01008--025 **450.00

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:

Donald A. Nasby

DONALD A. NASBY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 22, 05

Date

904-241-2533

Daytime Phone #

CR2E081 (01/05)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

BS 282
320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

April 22, 2005

Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Profit Corporation Reinstatement
Document #P02000060250; Coastal Landscaping, Inc.

Dear Sir/Madam,

Please see the enclosed Reinstatement form for our client listed above. We are requesting that you accept this application and payment of \$450.00, for the years 2003, 2004 & 2005 to become active.

Mr. Nasby, Owner of the above Corporation, did not receive his report for the referenced periods. Upon our annual review of his account along with your web site, it was determined that he had not filed the Annual Report for the noted years. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

Heather Copeland

Enclosures: Corporate Reinstatement
Check: #421