

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000106508

1. Corporation Name

COASTAL CONCRETE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

40 WESTFALLS LANE  
PALM COAST FL 32164

40 WESTFALLS LANE  
PALM COAST FL 32164

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

770 HAWKS RIDGE RD  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

770 HAWKS RIDGE RD.  
Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

09/30/2002

5. FEI Number

04-3716219

Applied For

Not Applicable

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

City & State

PORT ORANGE, FL

Zip

32127

Country

USA

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D/p	TOWNSEND, LECIL D	40 WESTFALLS LANE	PALM COAST FL 32164
<del>D</del>	<del>ECKBERG, ERICK A</del> <del>DELETE</del>	<del>119 ORANGE AVE</del>	<del>EDGEWATER FL 32134</del>
			000028323438 03/08/04--01050--015 **150.00
			000028323430 02/06/04--01027--010 **150.00

8. Name and Address of Current Registered Agent

TOWNSEND, LECIL D  
40 WESTFALLS LANE  
PALM COAST FL 32164

9. Name and Address of New Registered Agent

Name

TOWNSEND, LECIL D.

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

770 HAWKS RIDGE RD.

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1-31-04

11. 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

Date

1-31-04

Daytime Phone #

CR20040 (7/03)

205

**COASTAL CONCRETE CONSTRUCTION, INC.**  
**770 HAWKS RIDGE ROAD**  
**PORT ORANGE, FL. 32127**  
**DOC. # P02000106508**

January 31, 2004

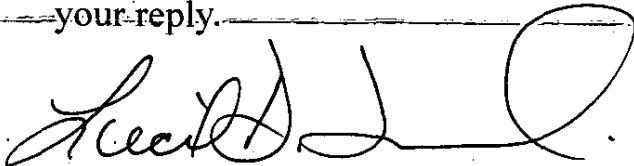
Division of Corporations  
Annual Report/Reinstatement Section  
P. O. Box 6327  
Tallahassee, FL. 32314-6327

To Whom It May Concern,

As per our phone conversation, please be advised that I never received my corporation annual report renewal form, due to the fact that my address changed and I was unaware that I should have been looking for the renewal.

As this is my first year of incorporation/renewal, I am hoping that you can afford me this one error in renewal timing and allow me to reinstate my corporation and pay the original amount of \$150.00. As in all new businesses, costs are a serious concern and the additional costs of this renewal/reinstatement would create a very severe financial burden on an already difficult situation.

Thanking you in advance, I have enclosed my check for \$150.00 and await your reply.



Lecil Townsend, President