

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 NOV 16 PM 1:27

DOCUMENT # P02000118268

1. Entity Name
COAST TO COAST INC. OF ZEPHYRHILLS



Principal Place of Business
1221 BRUCE B. DOWNS
109
WESLEY CHAPEL, FL 33543

Mailing Address
1221 BRUCE B. DOWNS
109
WESLEY CHAPEL, FL 33543



2. Principal Place of Business - No P.O. Box #
1936 Bruce B. Downs
Suite, Apt. #, etc.
#187

3. Mailing Address
1936 Bruce B. Downs
Suite, Apt. #, etc.
#187

11112007 REIN-P CR2E098 (1/07)

City & State
Wesley Chapel, FL
Zip Country
33543 Pasco

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Wesley Chapel FL
Zip Country
33543 Pasco

4. FEI Number
02-0655274

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STEERS, WILLIAM F
5639 6TH ST.
ZEPHYRHILLS, FL 33541

7. Name and Address of New Registered Agent
Name
William F. Steers
Street Address (P.O. Box Number is Not Acceptable)
1936 Bruce B. Downs #187
City
Wesley Chapel FL Zip Code
33543

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 11-11-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVST	<input type="checkbox"/> Delete
NAME	STEERS, WILLIAM F	
STREET ADDRESS	1221 BRUCE B. DOWNS #109	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEERS, WILLIAM F	
STREET ADDRESS	1221 BRUCE B. DOWNS #109	
CITY-ST-ZIP	WESLEY CHAPEL, FL 33543	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Downs #187	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Downs #187	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT

200112351712
11/16/07--01005--005 **150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath: that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: 11-11-07 813-907-9570
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #