


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000119531		
1. Entity Name TRADEWINDS COASTAL INVESTMENTS, INC.		

Principal Place of Business 1314 E. LAS OLAS BLVD., STE. 195 FT. LAUDERDALE, FL 33301	Mailing Address 1314 E. LAS OLAS BLVD., STE. 195 FT. LAUDERDALE, FL 33301
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2. Principal Place of Business - No P.O. Box # <u>106 LAS BRISAS CIRCLE</u>	3. Mailing Address <u>106 LAS BRISAS CIRCLE</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <u>Hypoluxo, FL</u>	City & State <u>Hypoluxo, FL</u>
Zip <u>33462</u> Country <u>USA</u>	Zip <u>33462</u> Country <u>USA</u>

FILED  
07 OCT -3 PM 3:25  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent REAL ESTATE TITLE & ESCROW, LLC 323 NORTHEAST SIXTH AVENUE DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name <u>A. FARRIS EVANS, JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>TRADEWINDS COASTAL INVESTMENTS, INC.</u> <u>106 LAS BRISAS CIRCLE</u> City <u>HYPOLUXO, FL</u> Zip Code <u>33462</u>
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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 A. FARRIS EVANS, JR. - PRESIDENT (NOTE: Registered Agent signature required when reinstating) DATE 9/26/07

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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD EVANS, A. FARRIS JR. 106 LAS BRISAS CIRCLE HYPOLUXO, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SINGER, BRIAN 106 LAS BRISAS CIRCLE HYPOLUXO, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>8/10/05</u> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DATE 9/26/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR