

# 2004 FOR PROFIT CORPORATION REINSTATEMENT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 NOV -9 AM 8:00

REINSTATEMENT *04*



10222004 REIN-P CR2E098 (6/04) *MRS*

<b>DOCUMENT # P02000120402</b>					
1. Entity Name COASTAL ROBOTICS AUTOMATION INC.					
Principal Place of Business 1725 NW 8TH TERRACE CAPE CORAL, FL 33993			Mailing Address 1725 NW 8TH TERRACE CAPE CORAL, FL 33993		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 35-2187093	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FARLEY, BETTY J 1150 SE 35TH TERRACE CAPE CORAL, FL 33904				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 <i>Betty J. Farley</i>				DATE 10-22-2004	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARLEY, DEBBIE C		NAME	900042607759	
STREET ADDRESS	1725 NW 8TH TERRACE		STREET ADDRESS	11/09/04--01075--010	**150.00
CITY-ST-ZIP	CAPE CORAL, FL 33993		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, KEVIN R		NAME	FARLEY, KEVIN R	
STREET ADDRESS	1725 NW 8TH TERRACE		STREET ADDRESS	1725 NW 8TH TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33993		CITY-ST-ZIP	CAPE CORAL, FL 33993	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>			10-22-2004 239-282-1530		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		