

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

112

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>P02000132122</u>			
1. Corporation Name <u>C.O.A.L.T Enterprises Inc</u>			
2. Principal Office Address <u>1816 Hwy 90</u>		3. Mailing Office Address <u>1816 Hwy 90</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Ch. Pky FL</u>		City & State <u>Ch. Pky FL</u>	
Zip <u>32428</u>	Country <u>U.S</u>	Zip <u>32428</u>	Country <u>U.S</u>

REINSTATEMENT

03-05

4. Date Incorporated or Qualified To Do Business in Florida <u>?</u>		Applied For
5. FEI Number <u>NONE</u>		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 <u>James Caudle</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1816 Hwy 90</u>		
Suite, Apt. #, Etc.		
City <u>Ch. Pky</u>	State <u>FL</u>	Zip Code <u>32428</u>

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[Signature]

REGISTERED AGENT MUST SIGN

Date 11-17-05

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
PO	James Caudle	1816 Hwy 90	Ch. Pky FL 32428
STD	Jed! Caudle	1816 Hwy 90	Ch. Pky FL 32428
VP	James Shank	763 5 th St	Ch. Pky FL 32428

10/17/03 01005 026
\$750.00

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)(f), 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] James Caudle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

K. Eekal NOV 22 2005

11-17-05

258-0689
Date Daytime Phone #

2/2

C.O.A.L.T ENTERPRISES INC.

1816 hwy 90
Chipley fl
32428
850.258.0689
fax. 850.638.2134
jcaudle@starband.com

November 17, 2005

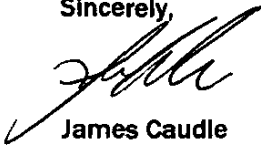
Attn: Michelle Milligan

**Dept. of State
Division of Corporations
P.O. box 6327
Tallahassee, fl 32314**

Dear Friend,

2003 annual report was not received; your record indicates \$750.00 was received for reinstatement. Please apply \$450.00 to reinstate and refund the \$300.00 to us.

Sincerely,



James Caudle