PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

EL AND FILED

05 NOV 21 AM 6:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000132122

1. Corporation Name

C.O.A.L.T Enterprises Inc

2. Principal Office Address	3. Mailing Office Address
1816 Hwy 90	1816 Hwy 90
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chipley Fl	City & State: Chipley Fl
Zip: 32428 Country: U.S	Zip: 32428 Country: U.S

REINSTATEMENT 03-05

4. Date Incorporated or Qualified To Do Business in Florida ?

5. FEI Number: None ☐ Applied For ☐ 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: James Caudle

Street Address (P.O. Box Number is Not Acceptable): 1816 Hwy 90

Suite, Apt. #, Etc.:

City: Chipley State: FL Zip Code: 32428

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: _____ Date: 11-17-05
REGISTERED AGENT MUST SIGN

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
PD	James Caudle	1816 Hwy 90	Chipley Fl 32428
STD	Jodi Caudle	1816 Hwy 90	Chipley Fl 32428
VP	James Shank	763 5th St	Chipley 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)(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.

K. Eckel NOV 22 2005

SIGNATURE: _____ James Caudle 11-17-05 258-0689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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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