

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000024368

Entity Name: COASTAL LAND GROUP, INC.

FILED  
Sep 30, 2009  
Secretary of State

## Current Principal Place of Business:

259 BAYWINDS DR  
DESTIN, FL 32541

## New Principal Place of Business:

## Current Mailing Address:

259 BAYWINDS DR  
DESTIN, FL 32541

## New Mailing Address:

FEI Number: 51-0449995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WARD, LORI E ESQ  
C/O MATTHEWS & HAWKINS, P.A.  
4475 LEGENDARY DR  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

WARD, LORI E ESQ  
12273 EMERALD COAST PARKWAY  
107  
MIRAMAR BEACH, FL 32550 US

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.

SIGNATURE: PETE KNOWLES

09/30/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: KNOWLES, JOANN  
Address: 259 BAYWINDS DR  
City-St-Zip: DESTIN, FL 32541

Title: DV ( ) Delete  
Name: KNOWLES, CAULIE T III  
Address: 259 BAYWINDS DR  
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete  
Name: KNOWLES, JUSTIN C  
Address: 259 BAYWINDS DR  
City-St-Zip: DESTIN, FL 32541

Title: V ( ) Delete  
Name: KNOWLES, LAUREN A  
Address: 259 BAYWINDS DR  
City-St-Zip: DESTIN, FL 32541

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAULIE T. KNOWLES, III

VP

09/30/2009

Electronic Signature of Signing Officer or Director

Date