

2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000096213 1. Entity Name COASTAL EYE CARE, INC.					
Principal Place of Business 11031 US HWY 19 STE 106 PORT RICHEY, FL 34668			Mailing Address 11031 US HWY 19 STE 106 PORT RICHEY, FL 34668		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 06-1707180	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PIZZA, JAMES T 11031 US HWY 19 STE 106 PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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 NAME STREET ADDRESS CITY-ST-ZIP	PST PIZZA, JAMES T 10508 TACOMA DR TRINITY, FL 34855	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: JAMES T. PIZZA 11/5/04 727-868-8999 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small> PRESIDENT					

FILED

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11022004 REIN-P CR2E098 (6/04)

4. FEI Number 06-1707180 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

PIZZA, JAMES T
11031 US HWY 19 STE 106
PORT RICHEY, FL 34668

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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