


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000086605		
1. Entity Name COASTAL CARETAKER, INC		

FILED

07 JAN 29 AM 8:08

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2217 SOUTH CENTRAL AVE FLAGLER BEACH, FL 32136	Mailing Address 2217 SOUTH CENTRAL AVE FLAGLER BEACH, FL 32136
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2. Principal Place of Business - No P.O. Box # 1318 HAZELNUT ST Suite, Apt. #, etc.	3. Mailing Address 1318 HAZELNUT ST Suite, Apt. #, etc.
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01102007 REIN-P CR2E098 (1/07)


City & State BUNNELL FL	City & State BUNNELL FL
Zip 32110	Country FLAGLER

4. FEI Number 20-1193671	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SHEEHAN, PATRICK J 682 S YONGE ST ORMOND BEACH, FL 32174	
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7. Name and Address of New Registered Agent	
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 	PRESIDENT 1-25-07
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYLES, JOEL A 2217 SOUTH CENTRAL AVE FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1318 HAZELNUT ST BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RENWICK, JOHN L 2217 SOUTH CENTRAL AVE FLAGLER BEACH, FL 32136 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1318 HAZELNUT ST BUNNELL FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100087359781 02/05/07--01013--008 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	1-25-07 386 569 4143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

7C 1/30