

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000113521						FILED 06 NOV 13 PM 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Entity Name COASTAL ADVERTISEMENT & CONSULTING CORP							
Principal Place of Business 2534 PIERCE STREET REAR HOLLYWOOD, FL 33020		Mailing Address 2534 PIERCE STREET REAR HOLLYWOOD, FL 33020					
2. Principal Place of Business 6067 Hollywood, Blvd Suite, Apt. #, etc. # 302 #B City & State Hollywood, FL Zip 33024		3. Mailing Address Same Suite, Apt. #, etc. City & State Zip Country					
4. FEI Number 20-1440140		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		10282006 REIN-P CR2E098 (11/05) 06	
6. Name and Address of Current Registered Agent GUAGLIARDO, FRANK 2534 PIERCE STREET REAR HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name John Palermo Street Address (P.O. Box Number is Not Acceptable) 6067 Hollywood Blvd, #302 City Hollywood, FL Zip Code 33024			
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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, 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: PD NAME: GUAGLIARDO, FRANK STREET ADDRESS: 2534 PIERCE STREET REAR CITY-ST-ZIP: HOLLYWOOD, FL 33020				TITLE: PD NAME: John Palermo STREET ADDRESS: 6067 Hollywood Blvd, #302 CITY-ST-ZIP: Hollywood, FL 33024			
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Delete				TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: <input type="checkbox"/> Change <input checked="" 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			
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			
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 law empowered.							
SIGNATURE:				10/30/06 305-609-4065			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			