

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 1 of 2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -4 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P04000 122047**

1. Corporation Name

**COASTAL ENTERPRISES OF SOUTH WEST
FLORIDA
W06-50389**

2. Principal Office Address

11488 OAKLAND DR.

Suite, Apt. #, etc.

City & State

BOKEELIA FL.

Zip

33922

Country

LEE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

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

8/24/04

5. FEI Number

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

MARK SCOTT MATTHESON

Street Address (P.O. Box Number is Not Acceptable)

11488 OAKLAND DR.

Suite, Apt. #, Etc.

City

BOKEELIA 1

State

FL

Zip Code

33922

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

Mark S. Mattheson

REGISTERED AGENT MUST SIGN

Date **11/10/06**

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
PSTD	MARK SCOTT MATTHESON	11488 OAKLAND DR.	BOKEELIA FL. 33922

600081849416
11/15/06-01037-019 **300.00

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 contained in Chapter 119, 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.

SIGNATURE:

Mark S. Mattheson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/06

Daytime Phone #

239-283-4516

P520F2

I NEVER RECIEVED A REINSTATEMENT LETTER
IN 05 FOR MY CORP. SO THATS WHY IM SENDING
U A CHECK FOR \$300—

ANY QUESTIONS PLEASE

CALL ME

239-283-4516

W/with S W/with