PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
17 OCT 31 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E081 (11/10)

1. Corporation Name
Coastal Construction of Wakulla, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
497 JACK CRUM RD	497 JACK CRUM RD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville Fla	City & State: CRAWFORDVILLE FL
Zip: 32327 Country: USA	Zip: 32327 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/03/2004

5. FEI Number: 26-0094859 ☐ 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: TIM R. AVITABLE

Street Address (P.O. Box Numbers Not Acceptable): 497 JACK CRUM RD.

Suite:

City: CRAWFORDVILLE State: FL Zip Code: 32327

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: _____ Date: 10-31-17
REGISTERED AGENT MUST SIGN

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
PRES	TIM AVITABLE	497 JACK CRUM RD	CRAWFORDVILLE FL 32327

E-mail Address: TIM.PIGOTTASPHALT@YAHOO.COM
(To be used for future annual report notification)

I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: _____ 10-31-17
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #