

2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -1 PM 3:29

DOCUMENT # P06000025206 1. Entity Name INTERCOASTAL MANAGEMENT SERVICES, INC.					
Principal Place of Business 21107 HARBOR VISTA CIRCLE ST. AUGUSTINE, FL 32080				Mailing Address 21107 HARBOR VISTA CIRCLE ST. AUGUSTINE, FL 32080	
2. Principal Place of Business - No P.O. Box # 13799 Park Blvd, N		3. Mailing Address 13799 Park Blvd, N			
Suite, Apt. #, etc. Ste. 303		Suite, Apt. #, etc. Ste. 303			
City & State Seminole FL		City & State Seminole FL			
Zip 33776		Country Pinellas		Zip 33776	
Country Pinellas		Country Pinellas			
6. Name and Address of Current Registered Agent HAAS, JEFFREY A 21107 HARBOR VISTA CIRCLE ST. AUGUSTINE, FL 32080				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$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	P HAAS, JEFFREY A 21107 HARBOR VISTA CIRCLE ST. AUGUSTINE, FL 32080		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> <div style="text-align: center;"> 100128100641 05/01/08--01050--001 **300.00 </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="display: flex; justify-content: space-between;"> 4/14/08 813-333-8662 </div> <small>Date Daytime Phone #</small>		

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