

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000109705

1. Corporation Name

Coastal Systems Group, Inc.

2. Principal Office Address - No P.O. Box #

464 S. Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

464 S. Dixie Highway

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33146

Country

Zip

33146

Country

7. Name and Address of Current Registered Agent

Name

Yelen & Yelen, P.A.

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

1104 Ponce De Leon Boulevard

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

3/31/10

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
P	R. Harvey Sasso	6880 Granada Boulevard	Coral Gables, FL 33146

10. E-mail Address: gperez@coastalsystemsint.com

(To be used for future annual report notification)

11. 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. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-10

Date

305-661-3655

Daytime Phone #

FILED
10 MAY -6 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700180501237
05/06/10--01041--015 **1358.75

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

10/2/2007

5. FEI Number
26-1176902

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.