

2003-05 Reinst

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

Did not Receive Notification  
of Renewal.  
Thanks

**DOCUMENT #** P92000005337

**1. Corporation Name**

INTERCOASTAL MARINE, INC.

**FILED**

05 AUG 26 PM 1:50

SECRETARY OF STATE  
OFFICE, FLORIDA

W05 - 88380

**2. Principal Office Address**

7891 N. TAMiami TR.

Suite, Apt. #, etc.

City & State

SARASOTA FL

Zip

34243

Country

USA

**3. Mailing Office Address**

7891 N TAMiami TR.

Suite, Apt. #, etc.

City & State

Sarasota FL

Zip

34243

Country

USA

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

11-16-1992

**5. FEI Number**

65-0369481

**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

Tom H HANSHAW

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

7891 N. TAMiami

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34243

500058483585

09/11/05 01039-009 \*\*\*74.5

**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

TOM HANSHAW

Date

8-3-05

REGISTERED AGENT MUST SIGN

**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	William HANSHAW	701 HIGHLANDER Blvd #530	ARLington, TX 76015
V	VANCE WILLIAMS	701 HIGHLANDER Blvd #530	ARLington, TX 76015
V	Rich COSTELLO	701 HIGHLANDER Blvd #530	ARLington, TX 76015

**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 under section 119.07(3)(i), 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:**

WILLIAM HANSHAW

TOM HANSHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941 356-4444

CR2C081 (01/05)