

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

11 JUL -5 AM 11:37

DOCUMENT # P93000018632

1. Corporation Name

Coastal Insurance, Inc.

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

4000 Hollywood Blvd

Suite, Apt. #, etc.

495 S

3. Mailing Office Address

P.O. Box 816427

Suite, Apt. #, etc.

—

City & State

Hollywood, FL

City & State

Hollywood FL

Zip

33021

Country

Broward

Zip

33081

Country

Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

3/15/1993

5. FEI Number

65-0394172

☐ 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

Eva Mathes

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

9951 NW 5th Pl.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

100209429741  
06/28/11--01024--004 \*\*900.00

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

Eva Mathes

REGISTERED AGENT MUST SIGN

Date

6/24/11

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
Pres	Eva Mathes	9951 NW 5th Pl. Plantation FL 33324	

10. E-mail Address: ecoastalins@aol.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:

Eva Mathes

Eva Mathes, Pres.

Date

6/24/11

Daytime Phone #

939 236-2867