PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 PM 12:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000050204(5)

1. Corporation Name
COASTAL ISLAND PROPERTIES, INC.

Principal Place of Business | Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 9600

DO NOT WRITE IN THIS SPACE

| 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applicable |
|---|---|
| 1400 Centrepark Blvd | C/O Reg Stambaugh |
| Suite, Apt. #, etc. Suite 860 | Suite, Apt. #, etc. PO Box 292 |
| City & State West Palm Beach FL | City & State Palm Beach, FL |
| Zip 33401 Country US | Zip 33480 Country US |

4. Date Incorporated or Qualified To Do Business in Florida 7/12/93

5. FEI Number 65-0466615 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
|---|---|---|---|
| Director President | STAMBAUGH, REGINALD G | 281 CORDOVA RD, W. Palm Beach FLORIDA 33401 | |
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****375.00 ****375.00

8. Name and Address of Current Registered Agent

STAMBAUGH, REGINALD G.
281 CORDOVA RD
WEST PALM BEACH, FL 33401

9. Name and Address of New Registered Agent

Name REGINALD G. STAMBAUGH
Street Address (P.O. Box Number is Not Acceptable) 1400 Centrepark Blvd.
Suite, Apt. #, Etc. Suite 860
City West Palm Beach State FL Zip Code 33401

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date 12/18/96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: _____ President 12/18/96 561-[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #