

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000000960**

1. Corporation Name

COAST MEDIA GROUP

REINSTATEMENT 03-SY

2. Principal Office Address

9361 Park Lane

Suite, Apt. #, etc.

3. Mailing Office Address

744 Peters Rd.

Suite, Apt. #, etc.

#310

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33324

Country

US

Zip

33324

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

Jan. 5, 1994

5. FEI Number

65-0470109

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200035155312
05/03/04--01014--007 **300.00

FILED
04 MAY -3 AM 6:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. Name and Address of Current Registered Agent

Name

PAM ARMBRISTER

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

9361 Park Ln.

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Pam Armbrister

Date

4/27/04

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	Pam Armbrister	9361 Park Lane	Plantation, FL, 33324

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:

Pam Armbrister

Pam Armbrister

4/27/04

954 474 4821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

Coast Media Group

B 209-2

7744 Peters Rd.
#310
Plantation, FL 33324

Pam Armbrister

Phone: 954-474-4821
Fax: 954-474-4864

April 27, 2004

Department of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

To Whom it May Concern;

I moved my office and never received a renewal notice for last year, and I just realized it when I went to renew for this year. As per my conversation with an agent at the Division of Corporations, I have enclosed a check for \$300.00 to cover the past year and this year.

Thank you for your help.

Sincerely,

Pam Armbrister

Pam Armbrister