

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 JUN 18 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800002217948--7  
-06/20/97--01011--009  
\*\*\*1080.00 \*\*\*1080.00

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 094000023531

1. Corporation Name

Coastal Associates, Inc.

Principal Place of Business

Mailing Address

2457 Sundy Avenue 2457 Sundy Avenue  
Delray Beach, FL 33444 Delray Beach, FL 33444

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

2. New Principal Office Address, if Applicable

2457 Sundy Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2457 Sundy Avenue

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/94

5. FEI Number

05-0480129  
ON FILE

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	David Huntsberger	2457 Sundy Avenue	Delray Beach, FL 33444

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

David B. Mankuta  
1946 Tyler Street  
Hollywood, FL 33020

Name  
David Huntsberger

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

2457 Sundy Avenue

Suite, Apt. #, Etc.

City  
Delray Beach

State  
FL

Zip Code  
33444

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

David Huntsberger

REGISTERED AGENT MUST SIGN

Date 6/18/97

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 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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
David Huntsberger

ITS: President

(954) 360-3383

Date

Daytime Phone #

CR2E040 (1/2/96)