

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

97 MAY 27 PM 4: 18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046752

1. Corporation Name

COASTAL INSURANCE REPAIRS, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

7054 NW 49TH STREET

Suite, Apt. #, etc.

City & State  
LAUDERHILL, FL

Zip  
33319

Country

USA

3. New Mailing Office Address, If Applicable

7054 NW 49TH STREET

Suite, Apt. #, etc.

City & State  
LAUDERHILL, FL

Zip  
33319

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/20/94

5. FEI Number

65-0505689

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P, D	KENNETH HYATT	3614 O'HEURY	MONTGOMERY, TX 77356
VP, D	DAVID COPE	7054 NW 49TH STREET	LAUDERHILL, FL 33319
S, T, D	DENICE COX	3614 O'HEURY	MONTGOMERY, TX 77356
			500002196135--9 -05/30/97--01059--005 ****923.75 ****923.75
			05/28/97

8. Name and Address of Current Registered Agent

KENNETH R. HYATT  
1627-A SOUTH 21st AVE  
HOLLYWOOD, FL 33020

9. Name and Address of New Registered Agent

Name  
DAVID COPE

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

7054 NW 49TH STREET

Suite, Apt. #, Etc.

City  
LAUDERHILL

State  
FL

Zip Code  
33319

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 D. Cope

REGISTERED AGENT MUST SIGN

Date 05/23/97

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)(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:

DAVID COPE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/97 (954) 749-5931

Date

Daytime Phone #

CR2040 (12/96)