

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FEB 12 PM 3:52

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046752

1. Corporation Name

COASTAL INSURANCE REPAIR, INC.

100167536091
02/12/10--01024--010 **150.00

REINSTATEMENT 03-10

100167536091
01/29/10--01027--010 **1658.75

REINSTATEMENT 92-10

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

8227 MANDARIN BLVD.

3. Mailing Office Address

C/O SWEARINGEN & ASSOC.
P.O. BOX 16631

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LOXAHATCHEE FL

City & State

WEST PALM BEACH, FL

Zip

33470

Country

USA

Zip

33416

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/20/1994

5. FEI Number

650503553

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

C/O SWEARINGEN & ASSOCIATES, INC.

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

1800 OLD

Suite, Apt. #, Etc.

SUITE 200

City

WEST PALM BEACH

State

FL

Zip Code

33409

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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
JOHN SWEARINGEN & ASSOCIATES, INC.
REGISTERED AGENT MUST SIGN

Date 1/27/2010

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
PDVPS	DIANE KRAM	8227 MANDARIN BLVD	LOXAHATCHEE FL 33470
T	JACQUELYNN WILLIAMS	8227 MANDARIN BLVD	LOXAHATCHEE, FL 33470

10. E-mail Address:

JSWEARINGEN@SWEARINGENINC.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:

DIANE KRAM 1/27/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/12/10