

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 14 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

02

DOCUMENT # P94000059380

1. Corporation Name

COASTAL SURVEYING, INC.

Principal Place of Business

10650 HAVERFORD RD  
SUITE 1  
JACKSONVILLE FL 32218  
US

Mailing Address

P. O. BOX 28404  
JACKSONVILLE FL 32226  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/09/1994

5. FEI Number

59-3257478

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	4 City / State / Zip
P	ALGER, JIM J.	127 N, GOODBREAD RD	BRUNSWICK GA

700008753707  
11/01/02--01034--008 \*\*750.00

*[Handwritten signature]*

8. Name and Address of Current Registered Agent

ALGER, JIM J  
10650-3 HAVERFORD RD.  
JACKSONVILLE FL 32218

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Handwritten signature]* SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 11/12/02

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 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:

*[Handwritten signature]* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/02 904-751-0346  
Date Daytime Phone #

CR2E040 (8/02)