

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
**9912**  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS

99 OCT 19 PM 2:34

DOCUMENT # **P95000005088**

1. Corporation Name

**COASTAL INSPECTION TECHNOLOGIES, INC.**

Principal Place of Business

21218 ST. ANDREWS BLVD. #10-629  
BOCA RATON FL 33433

Mailing Address

21218 ST. ANDREWS BLVD. #10-629  
BOCA RATON FL 33433



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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

01/17/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0551433

Applied For

Not Applicable

City & State

City & State

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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

PST

WIDIGER, DEAN

21218 ST. ANDREWS BLVD. #10-629

BOCA RATON FL 33433

400003058864-0  
-12/02/99 01052-010  
\*\*\*\*150.00 \*\*\*\*150.00

*10/25*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WIDIGER, DEAN

21218 ST. ANDREWS BLVD. #10-629

BOCA RATON FL 33433

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.

Signature of  
Registered Agent

*Dean Widiger*

REGISTERED AGENT MUST SIGN

Date *11/14/99*

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:

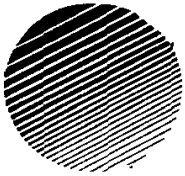
*Dean K. Widiger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN K. WIDIGER *11/14/99*

Date

Daytime Phone #

*561-391-8193*



**COASTAL  
INSPECTION  
TECHNOLOGIES, INC.**

*21218 St. Andrews Blvd. #629 / Boca Raton, FL 33433 / 561.391.8193*

October 14, 1999

Division of Corporations  
Annual Report/Reinstatement Section  
P.O. Box 6327  
Tallahassee, FL 32314-6327

Our intention was never to dissolve the corporation under the name of Coastal Inspection Technologies (FEI #65-0551433). We previously sent our corporation annual report fee of \$150.00 on March 9th (Check #2107). The check was never returned to us and apparently was lost in the mail. Enclosed is a another check for \$150.00 to cover our Annual Report Fee for 1999.

Sincerely,

A handwritten signature in cursive script that reads "Dean K. Widiger".

Dean K. Widiger