

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT

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

APPROVED
AND
FILED

96 SEP 30 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000005582**

1. Corporation Name

COASTAL FINANCE CORPORATION I

Principal Place of Business

Mailing Address

4901 NW 17TH WAY STE. 100B
FORT LAUDERDALE FL 33309

4901 NW 17TH WAY STE. 100B
FORT LAUDERDALE FL 33309



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

01/23/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-2414980

Not Applicable

Zip

Country

Zip

Country

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
DPL	DEAN, DEXTER W	4901 NW 17 th WAY 100	FT. Lauderdale FL 33309
S.	DEAN, JEAN P.	4901 NW 17 th WAY 100	FT. Lauderdale FL 33309

300001973873--8

-10/15/96--01091--005

****233.75 ****233.75

10/14

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ZWIEBEL, ERIC B
2455 EAST SUNRISE BLD. STE. 905
FORT LAUDERDALE FL 33304

Name

Eric B. Zwiebel

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

1876 N. University Dr.

Suite, Apt. #, Etc.

201

City

Plantation

State

FL

Zip Code

33322

10. I am 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

REGISTERED AGENT MUST SIGN

Date

9-16-96

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:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dexter DEAN

9/26/96

Date

954-776-2770

Daytime Phone #

CR2ED00 (7/96)