

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP -2 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **P95000012854**

1. Corporation Name

Coastline Landscape & Maintenance, Inc.

REINSTATEMENT 02-03

2. Principal Office Address

6680 SW Gator Trail

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip

34990

Country

Zip

Country

400022759784

03/04/03--01061--004 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

2/13/1995

5. FEI Number

65-0559401

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

Robert Abell

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

6680 SW Gator Trail

Suite, Apt. #, Etc.

City

Palm City

State

FL

Zip Code

34990

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

REGISTERED AGENT MUST SIGN

Date

8/26/03

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
P	Robert Abell	6680 SW Gator Trail	Palm City, FL 34990
S	Amy Abell	6680 SW Gator Trail	Palm City, FL 34990
VP	Laura Myers	6680 SW Gator Trail	Palm City, FL 34990

10. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/26/03

Daytime Phone #

CR2E081 (1/002)

August 26, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE. P95000012854 - Coastline Landscape & Maintenance, Inc.
65-0559401 - Corporate Reinstatement form

To Whom It May Concern:

Enclosed you will find a copy of my State of Florida Corporate Reinstatement form. We were completely unaware that our corporate status had been dissolved, as there is an incorrect mailing address on our corporate forms. To this point we have never received our annual report forms for the years 2002 or 2003. We had no desire to avoid these forms we simply never received them. We would never have known about this issue if the Workmen's Comp. Exempt Department rejected our exempt renewals for this corporation. In light of our past track record and in light of the fact that we never received the forms to file our annual report we would request that you accept the enclosed check in the amount of \$300.00 for the annual fee for the years of 2002 and 2003, and reinstate our corporate status as soon as possible. Please abate the penalties on our account and reinstate us with the as shown on the enclosed reinstatement form. Furthermore we would request that you change our mailing address to 6680 SW Gator Trail, Palm City, FL 34990. --If you have any further questions on our account please contact us directly at 772-223-7318. Thank you in advance for your time and consideration in this matter.

Sincerely,



Robert Abell