

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 10 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062467

1. Corporation Name

COAST 2 COAST REALTY (KISSIMMEE), INC.

Principal Place of Business

1254 S JOHN YOUNG PARKWAY
KISSIMMEE FL 34741
US

Mailing Address

1254 S JOHN YOUNG PARKWAY
KISSIMMEE FL 34741
US



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

2. New Principal Office Address, If Applicable

223 S. JOHN YOUNG PKWY
Suite, Apt. #, etc.

City & State
KISSIMMEE FLORIDA

Zip 34741 Country USA

3. New Mailing Office Address, If Applicable

223 S. JOHN YOUNG PKWY
Suite, Apt. #, etc.

City & State
KISSIMMEE FLORIDA

Zip 34741 Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1995

5. FEI Number

59-3330638

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSDV	ARCHER, BRIAN	223, 1248 SOUTH JOHN YOUNG PARKWAY	KISSIMMEE FL 34741
VPTD	ARCHER, LIANE	223, 1248 SOUTH JOHN YOUNG PARKWAY	KISSIMMEE FL 34741

900023709319
10/10/03 01055-013 **750.00

8. Name and Address of Current Registered Agent

ARCHER, LIANE
154 S JOHN YOUNG PARKWAY
KISSIMMEE FL 34741

9. Name and Address of New Registered Agent

Name

ARCHER, LIANE

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

223 S. JOHN YOUNG PARKWAY

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34741

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

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/8/03

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:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/03

Date

407-944-0022

Daytime Phone #

CR25040 (7/03)