

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 10 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000071870

**1. Corporation Name**

Coastal Development Of North Florida, Inc.

**2. Principal Office Address**

One Independent Dr.

Suite, Apt. #, etc.

Suite 1700

City & State

Jacksonville, FL

Zip

32202

Country

US

**3. Mailing Office Address**

One Independent Dr.

Suite, Apt. #, etc.

Suite 1700

City & State

Jacksonville, FL

Zip

32202

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/18/1995

**5. FEI Number**

593337102

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED ☒**

\$8.75 Additional Fee required  
for a Certificate of Status

100025401271  
12/10/03--01071--004 \*\*758.75

**7. Name and Address of Current Registered Agent**

Name

Richard J. Toomey

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

One Independent Dr.

Suite, Apt. #, Etc.

Suite 1700

City

Jacksonville, FL

State

FL

Zip Code

32202

**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

Date 12/09/03

REGISTERED AGENT MUST SIGN

**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
D	Richard J. Toomey	One Independent Dr., Ste. 1700	Jacksonville, FL 32202
VP	Brett Pickett	915 N. 4th Ave.	Jacksonville Beach, FL 32250

**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

12/9/03  
Date

904-633-2644

Daytime Phone #

CR2E081 (10/02)