

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
[REDACTED]

FLORIDA DEPARTMENT OF STATE  
Sandoz M. [REDACTED]  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000005518

1. Corporation Name  
COA-DAL SECURITY AGENCY, INC

Principal Place of Business Mailing Address  
10700 CARIBBEAN BLVD. ST-201A  
MIAMI, FL 33189

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

Suite, Apt #, etc. City & State Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	JOSEPH C. COATS, JR.	11971 SW 178 TERRACE	MIAMI, FL 33177
VP	PATRICK D. COATS	10751 SW 150 TERRACE	MIAMI, FL 33176

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-02/08/99--01013--022  
\*\*\*\*308.75 \*\*\*\*308.75

13. 1/29/99

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Charles L. Jones  
Street Address (P.O. Box Number is Not Acceptable)  
9900 SW 168 ST #9  
Suite, Apt #, Etc #9  
City MIAMI

State FL Zip Code 33157

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 Charles L. Jones  
REGISTERED AGENT MUST SIGN

Date 1-6-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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: JOSEPH C. COATS, JR. Joseph C Coats Jr. PRESIDENT 12/14/98 (305)259-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

\* DO NOT REMOVE \*

pg 2

**COA-DAL SECURITY AGENCY, INC.**

10700 Caribbean Blvd. #201A  
Miami, FL 33189

December 14, 1998

Florida Department Of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

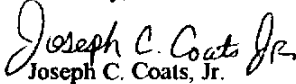
To Whom It May Concern:

As per our conversation on December 14, 1998, regarding the filing of our corporate annual report, due to a clerical error made by the State of Florida Division of Corporations of our mailing address, we are requesting a waiver of late fees. Your consideration for this request will be greatly appreciated.

Please find enclosed all of the documents needed to process this request: annual report and application for reinstatement.

If you have any questions please feel free to contact me at (305) 259-9400 or (305) 736-1832.

Sincerely,

  
Joseph C. Coats, Jr.  
President