## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P9600004571	5
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1. Corporation Name

COASTAL AVIATION, INC.

2. New Principal Office Address, If Applicable

Principal Place of Business

Mailing Address

7786 FAIRWAY WOODS DR

US

SARSOTA FL: 94298---

SARSOTA FL-94290

3. New Mailing Office Address, If Applicable

US

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

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SECRETATY OF STATE TALLAMASSEE, FLORIDA



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	City & State SARASS + A.	_	6.	65-0680063	Applied For Not Applicable
3t239 Country U.S.A	Zip 34239	Country		OF STATUS DESIRED	\$8.75 Additional Fee require for a Certificate of Status
7. Names and Street Addresses of Each Officer a	and/or Director (Florida nonpre	ofit corporations must list a	least 3 directors)		
Title(s) Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		City / Ctata / Zin	
PD DIXON, CHARLES A	7786 FA	IRWAY WOODS DR		SARASOTA FL 34238	
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	_		11/24/	0024981: 0301093020	⇒'⇒'⇒' **150.00
,					
8. Name and Address of Current Registered Agent		9. Name and A	ddress of New Registere	d Agent	
DIXON, CHARLES A		Street Addres	ME s (P.O. Box Number) RADISE Y	s Not Acceptable)	
SARSOTA FL <del>-94298 -</del>		Suite, Apt. #,			
		City SAR	AsotA	Sta <b>F</b>	

Signature of Registered Agent

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

## Coastal Aviation, Inc. 15 Paradise Plaza Suite 256 Sarasota, Florida 34239

November 7, 2003

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

RE:-- Reinstatement-

I have not been able to identify were Coastal Aviation, Inc. received the two prior uniform business report (UBR) notices that were referred to in your Notice of Administrative Dissolution Revocation that was recently received.

It will be appreciated if the State of Florida reinstates Coastal Aviation, Inc. and any fee and/or penalty be waived.

Sincerely,

Charles A. Dixon, President and Registered Agent

Inclosed: Application for Reinstatement

Check #1363 dated-11/07/03 for \$150.00