

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -8 PM 1:07

DOCUMENT # **P96000048729**

1. Co-  
Coastline Building Ent of Florida, Inc.  
2525 Old Okeechobee Road  
Suite 21  
West Palm Beach, FL 33409

2. Principal Office Address **Same** 3. Mailing Office Address **Same**

Suite,  
2525 Old Okeechobee Road  
City & Suite 21  
West Palm Beach, FL 33409  
Zip

**REINSTATEMENT 97-00**

4. Date Incorporated or Qualified To Do Business in Florida **6-5-1996**

5. FEI Number **65-0665158** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status

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

Name **Dorothy McCown**

Street  
Coastline Building Ent of Florida, Inc.  
Suite 2525 Old Okeechobee Road  
City Suite 21  
West Palm Beach, FL 33409

**000003265540-9**  
-05/24/00-01061-011  
\*\*\*1208.75 \*\*\*1208.75

State  
**FL** Zip Code

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 **M. McCown** Date **4-26-00**  
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
Pres	Dorothy McCown	2525 Old Okeechobee Rd #21	W.P.B, FL 33409
Pres.	Mickey McCown	SAME	SAME
V. Pres	JAMES ENKIL	SAME	SAME

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: **M. McCown** President Date **4-26-00** Daytime Phone # **561-689-2465**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR