


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -9 AM 9:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-03

DOCUMENT # P96000049288
1. Corporation Name
Coastline Realty & Investments, Inc.

2. Principal Office Address 664 S. Patrick Dr.		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Satellite Beach, FL		City & State	
Zip 32937	Country USA	Zip	Country

900020681889
06/09/03--01055--016 **1650.00

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3281078	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Thomas J. Palumbo

Street Address (P.O. Box Number is Not Acceptable)
664 S. Patrick Dr.

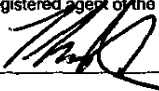
Suite, Apt. #, Etc.

City
Satellite Beach,

State
FL

Zip Code
32937

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.

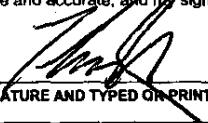
Signature of Registered Agent  Date 06/05/03

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
PSTD	Thomas J. Palumbo	664 S. Patrick Dr.	Satellite Beach FL 32937

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:  Date 06/05/03 (321) 779-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

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