

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 11 AM 9:13

DOCUMENT # P96000073198

1. Corporation Name

COAST 1105, INC.

Principal Place of Business

5151 COLLINS AVE 1105
MIAMI BEACH FL 33140

Mailing Address

1 SE 3 AVE 16 FL
MIAMI FL 33181
US

REINSTATEMENT

900009404209
12/06/02--01082--012 **150.00

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

2. New Principal Office Address, If Applicable

200 So. Biscayne Blvd

Suite, Apt. #, etc.

6th floor

City & State

Miami FL

Zip

33131

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1996

5. FEI Number

65-0702160

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
MANI	OTTI, ALFREDO HECTOR	1111 LINCOLN ROAD, SUITE 500 200 S Biscayne Blvd Ste 500	MIAMI BEACH FL 33139 Miami FL 33131

900009404209
04/11/03--01037--018 **150.00

8. Name and Address of Current Registered Agent

LOPEZ, PETER M ESQ.
133 SEVILLA
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

Peter M. Lopez Esq

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

2450 SW 137 Ave

Suite, Apt. # Etc

234

City

MIAMI

State

FL

Zip Code

33175

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

3/20/03

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MANIOT 1 DEC 3, 2002