

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **P 96 0000 81260**

1. Corporation Name

Coastline Plumbing and Pumps, Inc.

2. Principal Office Address

10127 State Road 52

Suite, Apt. #, etc.

3. Mailing Office Address

10127 State Road 52

Suite, Apt. #, etc.

City & State

Hudson FL

City & State

Hudson FL

Zip

34669

Country

Pasco

Zip

34669

Country

Pasco

7. Name and Address of Current Registered Agent

Name

William McWhinnie

800004013908-3
-04/17/01-01095-001

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

10127 State Road 52

****908.75 ****908.75

Suite, Apt. #, Etc.

Hudson

State
FL

Zip Code
34669

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

Will. McWhinnie

Date **3/30/01**

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
PT	William McWhinnie	10127 State Road 52	Hudson FL 34669
VP,S	Marie McWhinnie	10127 State Road 52	Hudson FL 34669

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:

Will. McWhinnie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 727-856-4600

Date

Daytime Phone #