

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000081260

1. Corporation Name

COASTLINE PLUMBING AND PUMPS, INC.

Principal Place of Business

10127 STATE ROAD 52  
HUDSON FL 34669  
US

Mailing Address

10127 STATE ROAD 52  
HUDSON FL 34669  
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

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

10/01/1996

5. FEI Number

59-3403882

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
PT	MCWHINNIE, WILLIAM	10127 STATE ROAD 52	HUDSON FL 34669
VPS	MCWHINNIE, MARIE	10127 STATE ROAD 52	HUDSON FL 34669

600009047186  
11/18/02--01047--015 \*\*750.00

8. Name and Address of Current Registered Agent

MCWHINNIE, WILLIAM  
10127 STATE ROAD 52  
HUDSON FL 34669

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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*  
**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

11/14/2002

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*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/14/2002 727 852-4600

FILED

02 NOV 18 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002

CR2E040 (8/02)