PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P96000081260 DOCUMENT #

1. Corporation Name

COASTLINE PLUMBING AND PUMPS, INC.

Principal Place of Business

2. New Principal Office Address, If Applicable

Country

MCWHINNIE, WILLIAM

MCWHINNIE, MARIE

Name of Officers

and/or Directors

8. Name and Address of Current Registered Agent

Mailing Address

City & State

Zip

10127 STATE ROAD 52 HUDSON FL 34669 US

Suite, Apt. #, etc.

City & State

Title(s)

PT

VPS

Zip

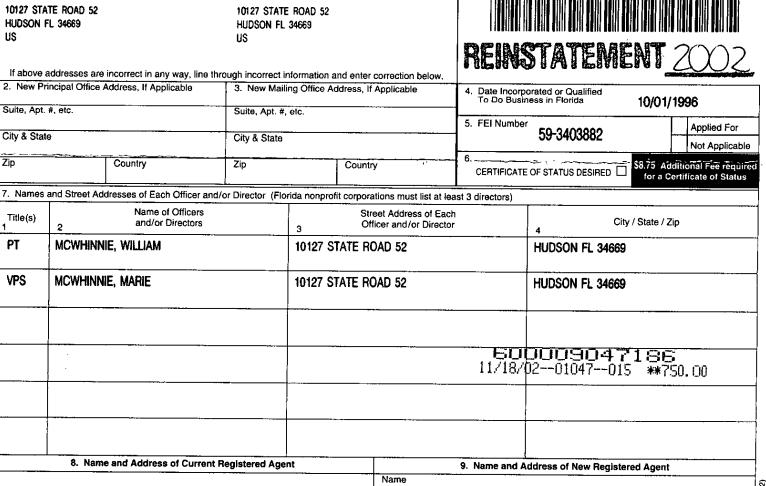
10127 STATE ROAD 52 HUDSON FL 34669

US

FILED

02 NOV 18 AM 10: 27

TALLAHASSEE, FLORIDA



MCWHINNIE, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 10127 STATE ROAD 52 HUDSON FL 34669 Suite, Apt. #, Etc. City State 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

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14/14/2002 727 852-4600