

HO1000124433 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
STATE
DIVISION OF CORPORATIONS

01 DEC 28 PM 4:00

CORPORATION REINSTATEMENT

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

DOCUMENT # P96 000094685

1. Corporation Name

COASTAL SALES & RENTALS, INC.

2. Principal Office Address

5005 COLLINS AVENUE

3. Mailing Office Address

SAME

Subj. Apt. #, etc.

LOBBY LEVEL

Subj. Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33140

Country

USA

Do

Country

REINSTATEMENT

4. Date incorporated or qualified
To Do Business in Florida

5. FEI Number

65-0708931

Applied For

Not Applied For

6. CERTIFICATE OF STATUS REQUIRED ☐

7. Name and Address of Current Registered Agent

Name

DAVID STAPLES

Street Address (P.O. Box Number is not acceptable)

1005 NE 203RD TERRACE

Subj. Apt. #, etc.

City

NORTH MIAMI BEACH

State

FL

Zip Code

33179

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 or 617.0503, F.S.

Signature of
Registered Agent

David Staples

Date 12/27/01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Times	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
D	DAVID STAPLES	1005 NE 203RD TERRACE	NORTH MIAMI BEACH, FL 33179

10. I certify that I am an officer or director of the corporation or officer or director empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when this application is approved, the reason for disqualification has been exhausted, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and 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 110.07(1)(f), F.S. The information included on this application is true and accurate, and my disclosure shall have the same legal effect as if made under oath.

SIGNATURE:

David Staples

12/27/01

305 965 8380

SIGNATURE AND NAME OF PRINTED NAME OF SHARED OFFICER OR DIRECTOR

HO1000124433 3

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H01000124433 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0384

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

COASTAL SALES & RENTALS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00