

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



98-99 AR  
FLORIDA DEPARTMENT OF STATE  
Catherine Arrillaga  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JUN -4 AM 8:57

FILED BY CL STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000099114

1. Corporation Name

COASTAL LAND SURVEYING, INC.

Principal Place of Business

4651 Sheridan St., Suite 355  
Hollywood, FL 33021

Mailing Address

7015 Beracasa Way, Suite 201  
Boca Raton, FL 33433

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/5/1996

5. FEI Number

65-0760394

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Charles F. Posess	7015 Beracasa Way, Suite 201	Boca Raton, FL 33433

000002902810--7  
-06/14/99--01005--002  
\*\*\*\*900.00 \*\*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Charles F. Posess  
7015 Beracasa Way, Suite 201  
Boca Raton, FL 33433

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.

Signature of  
Registered Agent

Charles F. Posess

REGISTERED AGENT MUST SIGN

Date

6/2/99

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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 taxes 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:

Charles F. Posess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/99

Date

(561) 392-4100

Daytime Phone #

CR2081 (12/98)