

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortbam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103579

1. Corporation Name
Bi-Coastal Clam Seed, Inc.

Principal Place of Business
1532 N. Indian
River Drive
Sebastian, FL 32958

Mailing Address
W99000002234
215 River Drive
Oak Hill, Fl 32759

99 APR -7 PM 3:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 97-091

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

PO Box 12139

City & State

City & State

Zip

Country

Charleston SC 29422
Zip Country
29422 USA

4. Date Incorporated or Qualified To Do Business in Florida 12/27/96

5. FEI Number 59-3433071

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
PRES.	Knox Grant	65 Crosscreek	Charleston SC 29412

900002837559--1
-04/13/99--01011--025
***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

Robert A. Milne
9350 S. Dixie Hwy, PH2
Miami, FL 33156

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.

Signature of Registered Agent

[Handwritten Signature]
REGISTERED AGENT MUST SIGN

Date 3/31/99

11. This corporation owes or has paid 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 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)(j), 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

[Handwritten Signature]
KNOX GRANT PRESIDENT

1/25/99

Date

843-762-0022

Daytime Phone #

CFR 607.0505