

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

calz

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 FEB 13 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 797000002144 (8)

1. Corporation Name

Advanced Coastal Construction, Inc.

2. Principal Office Address

4502 Hwy 20 E

Suite, Apt. #, etc.

Suite A.

City & State

Niceville, FL

Zip

32578

Country

3. Mailing Office Address

4502 Hwy 20 E

Suite, Apt. #, etc.

Suite A.

City & State

Niceville, FL

Zip

32578

Country

700004961517--5

-02/20/02--01060--020

\*\*\*\*450.00 \*\*\*\*450.00

4. Date Incorporated or Qualified  
To Do Business in Florida

1/8/97

5. FEI Number

59-3419301

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Mr D. Timothy Herndon

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

4502 Hwy 20 E

Suite, Apt. #, Etc.

Suite A.

City

Niceville

State

FL

Zip Code

32578

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	Charles Gray Cole	4204 Brittany Ct Pensacola, FL 32504	Pensacola FL 32504
Pres	Christopher Hugh Poole	1393 Sunset Beach Drve	Niceville, FL 32578
Direct	F.J. Munter GmbH + Co KG	Postfach 200414	53134 Bonn, Germany

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

850-585-6557

Daytime Phone #

CR2E081 (9/01)

2002

8. February, 2002

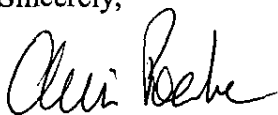
Ladies and Gentleman,

Enclosed please find our reinstatement paperwork. Due to a change in address we never received the documents from you. We were under the impression that we were current! After discussing this with somebody in your office, your records seem to validate this.

The enclosed check for the fees due is made out in the amount that was quoted me on the phone February 7, 2002.

Please contact me with any additional questions you may have.

Sincerely,



Chris Poate