

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 1:48

DOCUMENT # **P97-000004651**

1. Corporation Name

FLORIDA COASTAL PROPERTY MAINTENANCE INC
180 NORTH INDIANA AVENUE
ENGLEWOOD, FL 34223

2. Principal Office Address

3. Mailing Office Address

180 No. INDIANA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 5

City & State

City & State

ENGLEWOOD, FL 34223

Zip

Country

Zip

Country

34223

USA

REINSTATEMENT 0-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-13-97 SP

5. FEI Number

45-0722082

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

JOHN P. IZZO

700004467767-5

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

180 NORTH INDIANA AVE.

-07/10/01--01072--009

******908.75 ****908.75**

Suite, Apt. #, Etc.

STE 5

City

ENGLEWOOD

State
FL

Zip Code

34223

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

REGISTERED AGENT MUST SIGN

Date

4/12/01

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
D	VALARIA SENIOR	176 BROADMOOR LANE	ROTONDA WEST, FL 33947
D	CHRISTOPHER J. SENIOR	"	"

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:

C. Senior

CHRISTOPHER JOHN SENIOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/01

Date

941 698 0302

Daytime Phone #