

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1012

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 11 PM 1:57

DOCUMENT # **P97000025307**

1. Corporation Name

**COATES LAND MANAGEMENT COMPANY
INCORPORATED.**

2. Principal Office Address

431 BRILAND ST.

Suite, Apt. #, etc.

1

City & State

TARPON SPRINGS FL.

Zip

34689

Country

PINELLAS

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

3/20/97

5. FEI Number

63-0956518

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ **\$8.75 Additional Fee required
for a Certificate of Status**

01-02UBK

7. Name and Address of Current Registered Agent

Name

LARRY COATES

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

431 BRILAND ST.

Suite, Apt. #, Etc.

City

TARPON SPRINGS

State

FL

Zip Code

34689

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

12/11/02

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
P	LARRY COATES	431 BRILAND ST.	TARPON SPRINGS FL. 34689

**500009470805
12/11/02--01047--003 **308.75**

[Signature]

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/02
Date

(727) 943-8090
Daytime Phone #

Coates Land Management Company Incorporated

December 11, 2002

431 Briland Street
Tarpon Springs, Florida 34689
(727) 943-8090
(727) 943-8090 Fax
Email - locates@gte.net

RE: Coates Land Management Company Incorporated

To whom it may concern this is to state that the above named corporation did not receive the annual report for the year 2000. This was due to the fact that the main operation of the business moved in that year and the annual report was not forwarded. I am requesting at this time that the reinstatement fees be waived and allow me to pay the normal annual fees so that my company can be reinstated. I will deliver to you payment in the amount of \$300.00 plus 8.75 for certification this day. Thanking you for your cooperation I remain:

Sincerely


Larry Coates
Coates