

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT OF THE DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 NOV 30 PM 3:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000053567**

1. Corporation Name

COALBORN COASTAL HOMES, INC.

Principal Place of Business

Mailing Address

7698 HOLLYRIDGE CIRCLE
 JACKSONVILLE FL 32256

7698 HOLLYRIDGE CIRCLE
 JACKSONVILLE FL 32256

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

2. New Principal Office Address, If Applicable

524 N. 1st St.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

06/17/1997

5. FEI Number

59-3457371

Applied For

Not Applicable

City & State

Jacksonville Beach FL

City & State

FL

Zip

32250

Country

Zip

32250

Country

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.	TOM Bornhauser	7698 Hollyridge Circle	Jacksonville, FL 32256
V.P.	Nancy Bornhauser	7698 Hollyridge Circle	Jacksonville, FL 32256
Secretary	A. M. Bornhauser	524 N. 1st St	Jacksonville, FL 32250

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-12/03/98--01082-827

******150.00 ****150.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BERGQUIST, KENNETH P
19014 VINEYARD LAKE ROAD
JACKSONVILLE FL 32256

Name

TOM Bornhauser

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

7698 HOLLYRIDGE CIRCLE

Suite, Apt. #, Etc.

JACKSONVILLE, FL

City

State

FL

Zip Code

32250

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

SIGNATURE REQUIRED

Date **11/19/98**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

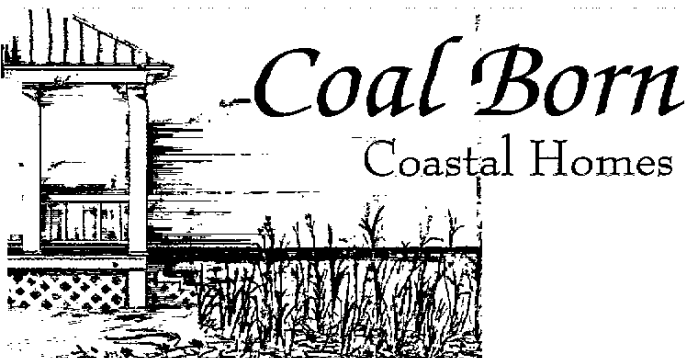
(See other side for information on intangible tax.)

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)(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 REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/98 **904 249 1275**
 Date Daytime Phone #

CR2E040 (8/88)



②

November 19, 1998

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

ATTN: Sandra B. Mortham

RE: EIN 59-3457371

Dear Ms. Mortham,

We respectfully request that you abate any additional penalties that have been assessed against Coalborn Coastal Homes Inc. and accept the enclosed check for \$150 for our annual report renewal.

Our corporation did not receive first notice of our annual report renewal.

Sincerely,

Tom Bornhauser
President - Coalborn Coastal Homes
59-3457371