Attachment Document # — pg 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
02 APR -8 PM 6:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 98-02

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

DOCUMENT # P97000066693

1. Corporation Name
COASTAL READERS SERVICE, INC.
9654 PINES BLVD
PEMBROKE PINES, FL. 33024

AA

1998-2002 VBR

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| SAME | SAME W02-849 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida: 1/2/98

5. FEI Number: 65-0798386 — 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: VINCENT S. HAYDOCK JR.

Street Address (P.O. Box Number is Not Acceptable): 9654 PINES BLVD

Suite, Apt. #, Etc.:

City: PEMBROKE PINES State: FL Zip Code: 33024

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-05/08/02--01068--002
****750.00 ****750.00

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: X [signature] Date: 3/6/02
REGISTERED AGENT MUST SIGN

CR2E051 (9/01)

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 |
|---|---|---|---|
| Pres | VINCENT HAYDOCK | 1374 SW 179 Terr | Pembroke Pines FL 33029 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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: X [signature] 3/6/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment ~~Document#~~ (FEI# 65-0798386) 3/6/02 Pg 2 of 2

Passariello & Staiano

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

*from the desk of*
**Giulio Staiano**

TO WHOM IT MAY CONCERN

I NEVER RECEIVED YOUR ANNUAL REPORT, SINCE 1998. YOUR OFFICE SAID IT CAME BACK MARKED UNDELIVERABLE. I HAVE ENCLOSED A CHECK FOR $750.00 WHICH REPRESENTS 5 YEARS OF PAST ANNUAL REPORTS. THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

Vince Passariello, President

6466 N.W. 5th Way • Fort Lauderdale, Florida 33309
(954) 776-1444 • FAX (954) 776-1663