

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000078616**

1. Corporation Name

COASTAL ONE MAINTENANCE INC.

Principal Place of Business

1308 SOUTH FEDERAL HIGHWAY
STUART FL 34994
US

Mailing Address

P.O. BOX 210942
ROYAL PALM BEACH FL 33411-0942
US

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

2. New Principal Office Address, If Applicable

11320 Fortune Circle

Suite, Apt. #, etc.

63 + 64

City & State

Wellington FL

Zip

33414

Country

US

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

33421-0942

Country

US

FILED

99 OCT 22 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

990

4. Date Incorporated or Qualified To Do Business in Florida

09/11/1997

5. FEI Number

65-0759656

Applied For

Not Applicable

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	RYAN, DOREEN	695 CYPRESS GREEN CIR.	WELLINGTON FL 33414

700003029817-1
-11/01/99--01002--018
*****750.00 ***750.00**

8. Name and Address of Current Registered Agent

RYAN, DOREEN
695 CYPRESS GREEN CIR.
WELLINGTON FL 33414-6336

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

Doreen Ryan

REGISTERED AGENT MUST SIGN

Date

10/15/99

11. 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 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Doreen Ryan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Doreen Ryan, Pres. 10/15/99

Daytime Phone #

561

7537909