

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
DIVISION OF CORPORATIONS

01 MAY -1 AM 11:42

DOCUMENT #

P97000089775

1. Corporation Name

COASTAL HOLDINGS GROUP, INC.

2. Principal Office Address

327 JACKSONVILLE DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

Zip

32250

Country

USA

3. Mailing Office Address

327 JACKSONVILLE DR.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FLA.

Zip

32250

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

59-3472310

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee
For a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CONVER, SAMUEL V III

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

44 FRANKLIN AVE

Suite, Apt. #, Etc.

City

PONTE VEDRA BEACH, FL

State

FL

Zip Code

32082

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

Samuel V. Convery III
REGISTERED AGENT MUST SIGN

Date

4/30/2001

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

DP, TSI CONVER, SAMUEL V III 44 FRANKLIN AVE.

PONTE VEDRA, BCH FLA 32082

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

4/30/2001

Date

904 246-9494

Daytime Phone #