

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 25 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000089775

1. Corporation Name

COASTAL HOLDINGS GROUP, INC.

Principal Place of Business

327 JACKSONVILLE DRIVE
JACKSONVILLE FL 32250
US

Mailing Address

327 JACKSONVILLE DRIVE
JACKSONVILLE FL 32250
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

#10 TENTH ST. # F 31

Suite, Apt. #, etc.

ATLANTIC, BCH. FLA
City & State

Zip 32233

Country USA

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 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	CONVERY, SAMUEL V III	44 FRANKLIN AVE SEE NEW ADDRESS	PONTE VEDRA BEACH FL 32082
			700008575847 10/24/02--01094--003 **158.75
			700008575847 11/22/02--01094--009 **591.25

8. Name and Address of Current Registered Agent

CONVERY, SAMUEL V III
44 FRANKLIN AVE
PONTE VEDRA BEACH FL 32082

NEW
ADDRESS →

9. Name and Address of New Registered Agent

Name

SAMUEL V. CONVERY III

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

#10 TENTH ST. # F 31

Suite, Apt. #, Etc.

City

ATLANTIC, BEACH

State

FL

Zip Code

32233

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10-20-2002

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 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

10-20-2002

Date

Daytime Phone #

(904)

246-9494