

**CORPORATION
REINSTATEMENT**



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

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

P97000096437

1. Corporation Name

COASTLINE UTILITY CONTRACTORS, INC.

200003524032--2

-01/04/01--01103--018

****750.00 ****750.00

2. Principal Office Address

4040 Woodcock Drive

3. Mailing Office Address

4040 Woodcock Drive

Suite, Apt. #, etc.

Suite 230

Suite, Apt. #, etc.

Suite 230

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32207

Country

United States

Zip

32207

Country

United States

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/12/1997

5. FEI Number

59-3478853

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

Patrick, Mark R

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

4040 Woodcock Drive

Suite, Apt. #, Etc.

Suite 230

City

Jacksonville

State

FL

Zip Code

32207

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

Date 12/22/00

REGISTERED AGENT MUST SIGN

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
D	Glenn C. Kuehn	4040 Woodcock Drive	Jacksonville, FL 32207
D	Thomas L. Luke	4400 Marsh Landing BLVD. #1	Ponte Vedra Beach, FL 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.

KE

SIGNATURE:

GLENN C. KUEHN

12-22-00

(904) 285-7079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #