

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 DEC 30 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000109190**

1. Corporation Name

COASTAL LAND MGMT.
management, Inc.

Principal Place of Business

QUINCY, FL.

Mailing Address

4681 Crooked Rd.
TALLAHASSEE, FL. 32310

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

2. New Principal Office Address, If Applicable

4681 Crooked Rd.

3. New Mailing Office Address, If Applicable

4681 Crooked Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL.

City & State

TALLAHASSEE, FL.

Zip

32310

Country

LEON

Zip

32310

Country

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3500909

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ~~REINSTATEMENT~~

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRESIDENT	SCOTT POPPELL	6833 OLD FEDERAL RD	QUINCY, FL. 32351
SEC.	RUTH POPPELL	4681 CROOKED RD.	TALLAHASSEE, FL. 32310

REINSTATEMENT

100003095321--C
-01/12/00--01003--005
****908.75 ****908.75

8. Name and Address of Current Registered Agent

SCOTT POPPELL
4681 CROOKED RD.
TALLAHASSEE, FL. 32310

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-30-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

[Signature]

Date

Daytime Phone #

12-30-99 622-1371