

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -7 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Coastal Works Inc.

198 0000 39842

2. Principal Office Address

1408 Sunset Ln.

3. Mailing Office Address

1408 Sunset Ln.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lutz, Florida

City & State

Lutz, Florida

Zip

33549

Country

USA

Zip

33549

Country

USA

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

4/28/1998

5. FEI Number

65-0830504

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Robert E Coryer Jr.

000005868000 --0

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

1408 Sunset Ln.

-06/19/02--01069 014

***300.00 *** 00.00

Suite, Apt. #, Etc.

City

Lutz

State

FL

Zip Code

33549

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**

Robert E Coryer Jr.
REGISTERED AGENT MUST SIGN

Date

5/30/02

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
P	Robert E Coryer Jr.	1408 Sunset Ln.	Lutz, Florida 33549

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:

Robert E Coryer Jr.
ROBERT E CORYER JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/30/02 (813) 949-0634

Daytime Phone #

CR2E081 (9/01)