

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



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

FILED

00 APR 18 AM 8: 53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P980000051572

1. Corporation Name

COAST TO COAST VALET INC.

2. Principal Office Address

295 NW 36TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

295 NW 36TH AVENUE

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FLORIDA

City & State

DEERFIELD BEACH, FLORIDA

Zip

33442

Country

USA

Zip

33442

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

SP

5. FEI Number

59-3515261

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

WILLIAM MILLER

300003230203-3

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

295 NW 36TH AVENUE

-05/01/00--01006--014

\*\*\*\*\*8.75 \*\*\*\*\*8.75

Suite, Apt. #, Etc.

DEER

City

DEERFIELD BEACH

State

FL

Zip Code

33442

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

REGISTERED AGENT MUST SIGN

Date March 29, 2000

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

President William Miller

295 NW 36th Ave

Deerfield Beach, FL 33442

300003230203-3

-05/01/00--01006--015

\*\*\*\*700.00 \*\*\*\*700.00

300003230203-3

-05/01/00--01006--016

\*\*\*\*200.00 \*\*\*\*200.00

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

Date

Daytime Phone #

4-14-2000 (861)542-6500

CR2E081 (9/99)