

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000065706

1. Corporation Name

INTRACOASTAL FINANCIAL CORP.

Principal Place of Business

Mailing Address

224 DATURA STREET
SUITE 406
WEST PALM BEACH FL 33401

224 DATURA STREET
SUITE 406
WEST PALM BEACH FL 33401

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1387 Waterway Cove Drive
Suite, Apt. #, etc.

1387 Waterway Cove Drive
Suite, Apt. #, etc.

City & State
Wellington, FL

City & State
Wellington, FL

Zip 33414 Country USA

Zip 33414 Country USA

FILED

03 DEC -3 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2003

400025172394

12/03/03 01007 027 **750.00

4. Date Incorporated or Qualified
To Do Business in Florida

07/13/1998

5. FEI Number

65-0853415

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|--------------------------|
| 0 | ROSINSKY, JASON | 1387 WATERWAY COVE DRIVE | WEST PALM BEACH FL 33414 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

ROSINSKY, JASON
1387 WATERWAY COVE DRIVE
WEST PALM BEACH FL 33414

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/26/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/26/03

Daytime Phone #

(561) 876-8027

CR2E040 (7/03)