
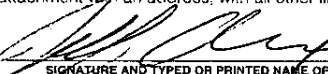


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000090728 1. Entity Name BI-COASTAL MARKETING, INC.					
Principal Place of Business 114 CANAL ST SUITE D NEW SMYRNA BEACH, FL 32168		Mailing Address 114 CANAL ST SUITE D NEW SMYRNA BEACH, FL 32168			
2. Principal Place of Business 1001 S. Ridgewood Ave. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1001 S. Ridgewood Ave. <small>Suite, Apt. #, etc.</small>			
City & State Edgewater, Florida		City & State Edgewater, Florida		4. FEI Number 59-3539041	
Zip 32132		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 32132		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent K. JOSEPH SELTER 394 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169				7. Name and Address of New Registered Agent Name Jeffrey S. Alexander Street Address (P.O. Box Number is Not Acceptable) 1001 S. Ridgewood Avenue City Edgewater	
State FL		Zip Code 32132			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$750.00 After January 1, 2005, Fee will be \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, JEFFREY S 2744 TURNBULL ESTATES DRIVE NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeffrey S. Alexander 112 Via Duomo New Smyrna Beach, Florida 32169	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEXANDER, MARTHA 114 CORAL STREET NEW SMYRNA BEACH, FL 32168	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lyn Alexander 112 Via Duomo New Smyrna Beach, Florida 32169	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D _____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Jeffrey S. Alexander, President 11/04/04 (386) 409-7704 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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