

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR -9 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000003966

1. Corporation Name

Coastal Hotel Holding Corp.

2. Principal Office Address

2101 South Atlantic Ave.

3. Mailing Office Address

2101 South Atlantic Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Shores, FL

City & State

Daytona Beach Shores, FL

Zip

32118

Country

Zip

32118

Country

REINSTATEMENT

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

1/13/99

5. FEI Number

59-3565464

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

Linda A. Niederpruem

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

2101 South Atlantic Ave.

Suite, Apt. #, Etc.

City

Daytona Beach Shores

State

FL

Zip Code

32118

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

Linda A. Niederpruem
REGISTERED AGENT MUST SIGN

Date 3-30-01

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 |
|----------------|--------------------------------------|---|-----------------------|
| Pres./ Dir. | Linda Niederpruem | 226 S. Center St. | Statesville, NC 28677 |
| V.P. | Christopher Spann | 226 S. Center St. | Statesville, NC 28677 |
| Sec./ Dir. | Curt Niederpruem | 226 S. Center St. | Statesville, NC 28677 |
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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:

Linda A. Niederpruem
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01

Date

904-259-8710

Daytime Phone #