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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

02 MAR 22 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P99000004384

1. Corporation Name

Newcoast Management, Inc.

2. Principal Office Address

2589 Pepperwood Cir N

Suite, Apt. #, etc.

City & State

North Palm Beach, FL

Zip

Country

33410

US

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

2001-2002 UBR

4. Date Incorporated or Qualified To Do Business in Florida

1-14-99

5. FEI Number

65-0893870

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

Kevin Bohne'

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

2589 Pepperwood Circle North

Suite, Apt. #, Etc.

City

North Palm Beach

State

FL

Zip Code

33410

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****308.75 ****318.75

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

Kevin Bohne'

Date 3-20-02

REGISTERED AGENT MUST SIGN

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.	Kevin Bohne'	2589 Pepperwood Cir N #2302 - Apt.	North Palm Bch, FL 33410
V. Pro	Robert Sifrit	5420 N. Ocean Dr. #2502	Singer Island, FL 33404
Sec.	James Sifrit	1000 N. US Hwy #1 Jupiter Herbuar #710	Jupiter, FL 33477

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:

Kevin Bohne' - Kevin Bohne' - President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-02

Date

561-626-5903

Daytime Phone #

CR2E081 (9/01)

Newcoast Management, Inc.

2589 Pepperwood Circle North
North Palm Beach, Florida 33410
561/626-5903

1282

March 20, 2002

Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: Corporation Reinstatement
FEI Number: 65-0893870

Dear Sir or Madam:

The 2001 or 2002 Uniform Business Report Forms were not received by our office and has necessitated us to request reinstatement. Newcoast Management, Inc. respectfully requests the delinquent fees be waived as we did not receive the above documents.

Enclosed is the reinstatement form and a check for \$300.00 (for years 2001 and 2002). If you need further information please contact Nancy Bohné at 561/626-5903.

Sincerely,



Kevin M. Bohné
President