

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Division of Corporations
Jodi VBA

102
FILED

01 DEC 24 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022720

1. Corporation Name

COACHAWARDS.COM, INC.

Principal Place of Business

13783 153 RD N
JUPITER FL 33478

Mailing Address

13783 153 RD N
JUPITER FL 33478

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/08/1999

5. FEI Number

65-0920421

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
PSTV	CASTELLETS, BRUCE D	13783 153 CT N.	JUPITER FL 33478
			488884765374-2 -01/10/02--01073--019 ****150.00 ****150.00
			/LS

8. Name and Address of Current Registered Agent

CASTELLETTI, BRUCE
13783 153 RD N
JUPITER FL 33478

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/1/01

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)(l), 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 #

12/1/01

561-744-6612

CR2E040 (8/01)

2012

Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

12/20/01

To Whom It May Concern:

I am writing this letter in response to the form that I just uncovered while cleaning out my filing cabinet. I do not remember receiving the original renewal form. Please accept the \$150.00 for renewal of this corporation.

Thank you,



Bruce O. Castelletti
Coachawards.com