

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 JUN -6 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P99000026027

**1. Corporation Name**

Coastal Health Services, Inc.

000004474830--S  
-07/13/01--01082--014  
\*\*\*\*900.00 \*\*\*\*900.00

**2. Principal Office Address**

6320 ST. Augustine Rd.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

Suite #2

Suite, Apt. #, etc.

City & State

Jacksonville

City & State

Zip

Florida

Country

Duval

Zip

32217

Country

USA

**REINSTATEMENT** 00-01

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

3/16/99

**5. FEI Number**

59-3562745

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

Pamela Joy Moore

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

6320 ST Augustine Road

Suite, Apt. #, Etc.

Suite 2

City

Jacksonville

State

FL

Zip Code

32217

**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

Pamela Joy Moore

REGISTERED AGENT MUST SIGN

Date

6/4/01

**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.	Pamela J. Moore	6919 Madrid Ave	JAX. FL. 32217
V. Pres.	Charles A. Moore	6919 Madrid Ave	JAX FL. 32217
Sec.	Ashley N. Martin	6919 Madrid Ave	JAX. FL. 32217

**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**

Pamela Joy Moore

6/4/01 (904) 419-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)