

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 31 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

CORPORATION
REINSTATEMENT

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000026027

1. Corporation Name

COASTAL HEALTH SERVICES, INC.

2. Principal Office Address

1031 NORTH MIAMI BEACH BLVD

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

Zip

33162

Country

USA

3. Mailing Office Address

1031 NORTH MIAMI BEACH BLVD

Suite, Apt. #, etc.

City & State

NORTH MIAMI BEACH FL

Zip

33162

Country

USA

REINSTATEMENT

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

HAROLD B. HAIMOWITZ

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

~~555 SOUTH FEDERAL HIGHWAY~~ 4700 BOCA RATON BLVD.

Suite, Apt. #, Etc.

~~SUITE 330~~ SUITE B201

City

BOCA RATON

State

FL

Zip Code

33432 33431

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 X

REGISTERED AGENT MUST SIGN

Date X 12/26/02

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
P/D	LOUIS BIASI	2275 SOUTH FEDERAL HIGHWAY	DELRAY BEACH, FL 33487
V/D	CYNTHIA CAMPBELL	2275 SOUTH FEDERAL HIGHWAY	DELRAY BEACH, FL 33487

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

X 12/06/02 X

Daytime Phone #