

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 19 AM 10:32

DOCUMENT # P99000049711

1. Corporation Name

Intercoastal Corporation

2. Principal Office Address

228 Amberjack Dr. #39
Suite, Apt. #, etc.

City & State

Fort Walton Beach, Fl

Zip

32548

Country

Okaloosa

3. Mailing Office Address

228 Amberjack Dr. #39
Suite, Apt. #, etc.

City & State

Fort Walton Beach, Fl.

Zip

32548

Country

Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Michael Coupe

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

228 Amberjack Dr. #39

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32548

500003447695-7
-11/01/00--01109--006
****750.00 ****750.00

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

Date 10/18/00

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
PD	Michael Coupe	228 Amberjack Dr. #39	Fort Walton Beach Fl. 32548

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/00

Date

(450) 664-7426

Daytime Phone #