

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PA 1/1/02*

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 OCT 26 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000051393**

1. Corporation Name

COASTAL SUNWEAR MANUFACTURING INC.

Principal Place of Business

Mailing Address

**1030 E 30TH ST
HIALEAH FL 33013**

**1030 E 30TH ST
HIALEAH FL 33013**

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

2. New Principal Office Address, If Applicable

286 W. 22nd Street
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

286 W. 22nd Street
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1999

5. FEI Number

65-0928200

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	Michael N. Williams	286 W. 22nd Street	Hialeah, FL 33010

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

Carol K. Dolor

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN Asst. V.P.

Date **10-25-2000**

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)(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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael N. Williams, President

10/18/00
Date

(305) 805-9100
Daytime Phone #

CR2ED40 (8/00)



PAK 200

ACCOUNT NO. : 072100000032

REFERENCE : 873691 7228780

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 750.00

ORDER DATE : October 24, 2000

ORDER TIME : 9:32 AM

ORDER NO. : 873691-005

CUSTOMER NO: 7228780

CUSTOMER: Marilyn L. Williams Legal Asst
Coastal Sunwear Manufacturing
286 W. 22nd Street

Hialeah, FL 33010

DOMESTIC FILINGS

NAME: COASTAL SUNWEAR MANUFACTURING
INC,

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight EXT: 1156
EXAMINER'S INITIALS _____

RECEIVED
00 OCT 26 AM 9:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA