

REINSTATEMENT

2004 FOR-PROFIT CORPORATION

ANNUAL REPORT

1092

FILED
04 OCT -1 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

4. FEI Number	65-0935051	Applied For	Not Applicable
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NAE, JACOB E
3899 NW 7th Street
Suite 203
Miami, FL 33126

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: _____
Signature, typed or printed name of registered agent and, if applicable, (FEE) Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	Nae, Jacob E
NAME		3899 NW 7th Street, #203
STREET ADDRESS		Miami, FL 33126
CITY-ST-ZIP		
TITLE	VBD	Nae, Albert
NAME		3899 NW 7th Street, #203
STREET ADDRESS		Miami, FL 33126
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600041207746
09/21/04--01034--013 **300.00

**DO NOT WRITE
IN THIS SPACE**

I, hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like approvals.

SIGNATURE: *[Signature]* DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20f2

September 13, 2004

Uniform Business Report
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314-6198

DOC. # P99000064735

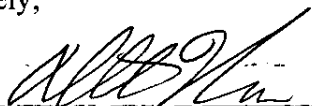
Re: INTRACOASTAL PROPERTY HOLDING, INC.

To Whom It May Concern:

This letter is in regards to the corporation annual report for the 2003, 2004 filling years. According to your letter we ~~never received an annual~~ report for our corporation. We are sending a filled out blank report to your department because we never received the original report. Please accept our apologies and accept this \$150.00 filing fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,



ALBERT NAE
PRESIDENT