


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000071468		
1. Entity Name EFFICIENT COASTAL PROPERTY MANAGEMENT, INC.		

Principal Place of Business 17401 PERDIDO KEY BEACH ROAD PENSACOLA, FL 32507	Mailing Address 17401 PERDIDO KEY BEACH ROAD PENSACOLA, FL 32507
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
04 NOV 15 PM 3:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
9-8-04 9012 003 150 00  


10222004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent KIEVIT, KELLY & ODOM, P.A. 15 WEST MAIN STREET PENSACOLA, FL 32501		7. Name and Address of New Registered Agent Name <u>Michael L. Guttman</u> Street Address (P.O. Box Number is Not Acceptable) <u>314 S. Baylen Street</u> <u>Suite 201</u> City <u>Pensacola</u> FL <u>32502</u>	
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8. 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  DATE 10/26/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILCHRIST, JOSEPH R 17401 PERDIDO KEY BEACH ROAD PENSACOLA, FL 32507 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 empowered.

SIGNATURE:  DATE 10/26/04 (850) 434-7445

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

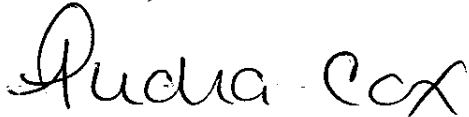
**Efficient Coastal Property Management  
17401 Perdido Key Drive  
Pensacola, FL 32507**

**Division of Corporations  
P. O. Box 6198  
Tallahassee, FL 32314-6198**

**October 28, 2004**

**A check in the amount of one hundred fifty dollars was submitted with this form August 28, 2004. The check number is 1034 and cleared our bank on September 9, 2004. Please call me, Audra Cox @ (850) 393-3459 if you have any questions. We appreciate your assistance.**

**Thanks,**

A handwritten signature in cursive script that reads "Audra Cox". The signature is written in dark ink and is positioned below the "Thanks," text.

**Audra Cox**