

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN 23 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000092953**

1. Corporation Name

**COATNEY CONSULTING, INC.**

Principal Place of Business

Mailing Address

2516 WEST 23RD STREET  
PANAMA CITY FL 32405

2516 WEST 23RD STREET  
PANAMA CITY FL 32405



**REINSTATEMENT 03-04**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/21/1999	
City & State		City & State		5. FEI Number	
Zip		Country		59-3603996	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
<del>D</del>	<del>COATNEY, REBECCA S</del>	<del>2516 WEST 23RD STREET</del>	<del>PANAMA CITY FL 32405</del>
D	JOSEPH FRANKLIN COATNEY JR	2516 W. 23RD STR	Panama City, FL 32405

900027443419

01/22/04--01076--011 \*\*300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~COATNEY, REBECCA S~~  
~~2516 WEST 23RD STREET~~  
~~PANAMA CITY FL 32405~~

Name  
**JOSEPH FRANKLIN COATNEY JR**  
Street Address (P.O. Box Number is Not Acceptable)  
**2516 W. 23RD STR.**  
Suite, Apt. #, Etc.

City  
**Panama City**  
State  
**FL**  
Zip Code  
**32405**

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. or 617.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

**1-21-04**

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JOSEPH FRANKLIN COATNEY JR**

Date

Daytime Phone #

**850-763-6553**

CR2E040 (7/03)

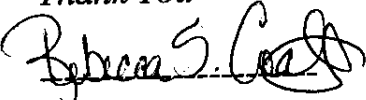
COATNEY CONSULTING, INC.

2516 WEST 23<sup>RD</sup> STREET  
PANAMA CITY, FL. 32405

*To Whom It May Concern:*

*This letter is to explain why the filing fee wasn't received on time. I mailed out all checks for all our corporations, the only one that didn't get to you was the one for Coatney Consulting, Inc. The check has not been returned and has not cleared the bank. Therefore I called the number on the form and they told me to write a letter of explanation and another check for \$300.00.*

Thank You

  
Rebecca Coatney