

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

02 OCT 17 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S07109

1. Corporation Name  
PLATINUM COAST BLDGS & DEVELOPERS INC

2. Principal Office Address

4951 TAMIAHI TRAIL N

Suite, Apt. #, etc.

3

City & State

NAPLES

Zip

34103

Country

US

3. Mailing Office Address

P.O. BOX 111060

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip

34108

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0224990

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ALEC RABNEY

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

13010 PARKTREE COURT

Suite, Apt. #, Etc.

City

NAPLES

State

FL

Zip Code

34110

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

Alec Rabney

REGISTERED AGENT MUST SIGN

Date

10/14/02

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
PR	ALEC RABNEY	13010 PARKTREE CT NAPLES, FL 34110	NAPLES FL 34110
VP	DON TALIAFERRO	9838 SANDRINGHAM GATE	NAPLES FL 34109

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:

Alec Rabney ALEC RABNEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/02

Daytime Phone #

239 860 0834

CR2ED01 (8/01)

9/10/102



**PLATINUM COAST BUILDERS & DEVELOPERS, INC.**

**P.O. Box 111060**

**Naples, FL 34108**

**(941) 261-0333 Fax (941) 594-1072**

**Email: Platinum0333@cs.com**

**October 14, 2002**

**Florida Department of State**

**Division of Corporations**

**P.O. Box 6327**

**Tallahassee, FL 32314**

**RE: CORPORATION REINSTATEMENT**

**TO WHOM IT MAY CONCERN:**

I was extremely surprised when it was brought to my attention that my company has been dissolved. The reason was non filing of annual report for 2002. I have had this corporation for more than 11 years and this is the first time that I did not receive an annual report, otherwise, I would have filed it in a timely manner as I always have. Please reinstate the company as it is the only means of income that I have. I am enclosing the \$150.00 filing fee required and am hoping that this matter can be resolved expeditiously.

**Thanking you in advance**

**Sincerely yours,**

  
**Alec Rabney**  
**President**