

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 JAN -7 AM 10:48

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **S49574**

1. Corporation Name

**COASTAL REALTY SERVICES, INC.**

Principal Place of Business

19321 US HWY 19TH N. C-303  
CLEARWATER FL 33764-3141

Mailing Address

19321 US HWY 19TH N. C-303  
CLEARWATER FL 33764-3141



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

REINSTATEMENT 02

2. New Principal Office Address, If Applicable  
19321 US Hwy 19 N

Suite, Apt. #, etc.

**Building C #600**

City & State

**Clearwater, FL**

Zip

**33764**

Country

**USA**

3. New Mailing Office Address, If Applicable  
19321 US Hwy 19 N

Suite, Apt. #, etc.

**Building C #600**

City & State

**Clearwater, FL**

Zip

**33764**

Country

**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**04/30/1991**

5. FEI Number

**59-3111666**

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	CRENSHAW, CURTIS A	1170 GULF BLVD., APT. 2006	CLEARWATER FL 33767
VD	CRENSHAW, BETTY	1170 GULF BLVD., APT. 2006	CLEARWATER FL 33767
STD	LARSON, JEANNINE C	2908 LAKE STALL LANE	TAMPA FL

800009923078  
01/07/03--01069--002 \*\*750.00

8. Name and Address of Current Registered Agent

**CRENSHAW, CURTIS A**  
**19321 US HWY 19TH N. C-303**  
**CLEARWATER FL 33764-3141**

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

**1/3/03**

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/3/03**

Daytime Phone #

CR2E040 (8/02)