PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

	UMENT # S665	1	01 MAY 17 PM 2: 58						
COAS	T TO COAST INSULAT	TION, INC.			~ .				
Principal Place of Business Mailing A				<u>.</u> .					
2301 SW 7 ST. MIAMI FL 33135 US		2301 SW 7 ST. MIAMI FL 33135 US			REINSTATEMENT 00-01				
If above addresses are incorrect in any way, line through incorrect in any way, line t			nformation and enter correction below. ing Office Address, If Applicable		4. Date Incorporate		62		
Suite, Apt.			Suite, Apt. #, etc.			in Florida	07/17/199	42. 10	
						5. FEI Number Applied For			
City & Stat	re	City & State	City & State		6.	5-0287221		Not Applicable	
Zip	Country	Zip	Country			STATUS DESIRED [nal Fee require icate of Status	d
7. Names	and Street Addresses of Each Officer ar	nd/or Director (Florida	nonprofit corporations mu	ıst list at lea	st 3 directors)				
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director			C	ity / State / Zip		
P	P MILA, CARLOS B.		2301 S,W 7TH ST			MIAMI FL			
					300	90044 -06/13/0	16863]——8.	
					~.		.00 ****		
- 				1246	301	00044 -06/13/01			
<u> </u>	-			·			.00 *****		7
	8. Name and Address of Currer	nt Registered Agent			9. Name and Addre	ess of New Regist	tered Agent]_
	CARLOS B. CIRA E. SW 7ST 1/44 HIATT	MAYORAL US ROAD E PINES, A.	~>>	Address (P	Do Box Number is No.	t Acceptable)	State Zip Coo	le	CR2E040 (8/00)
10. I, being	g appointed the registered agent of the a	boye named corporati	on, am familiar with and ac	ccept the ob	oligations of Section 6	07.0505, F.S.	FL+ -3 3	7133	\dashv
Signature of Registered	Agent CRECUIT	PLATE AGENT	REQUIR TMUST SIGN	ED		Date /2/	8/00		-
this rein	that I am an officer or director or the reconstatement application, the feason for dis y the corporation have been paid and the application is true and accurate, and my	ssolution has been elin e names of individuals	ninated, the corporate nam s listed on this form do not	ne satisfies to	the requirements of se an exemption under s	ection 607.0401 or	617.0401, F.S.,	that all fees	

SIGNATURE:

SIGNATURED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-01

186-402 **956** 305-732751

Daytime Phone #

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA