

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **S70679**

1. Corporation Name

INTRACOASTAL REAL ESTATE INC.

Principal Place of Business

Mailing Address

~~21870 PALM BEACH BLVD~~

~~21870 PALM BEACH BLVD~~

~~P O BOX 368~~

~~P O BOX 368~~

~~ALVA FL 33920-0968~~

~~ALVA FL 33920-0968~~

~~US~~

~~US~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

19850 Palm Beach Blvd

19850 Palm Beach Blvd

Alva, FL

Alva, FL

33920

Country

33920

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/05/1991

5. FEI Number

65-0285271

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
P	LAUER, TODD ALLEN	21870 PALM BEACH BLVD 19850	ALVA FL

300033161523
04/20/04--01058--024 **750.00

06/27/03 90052 005 \$150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LAUER, TODD ALLEN

19850 21870 PALM BEACH BLVD

ALVA FL 33920

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

REGISTERED AGENT MUST SIGN

Date

4-15-04

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-04

Daytime Phone #

239-229-2000

CR2E040 (7/03)