

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 20 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # 1287167

1. Corporation Name

Coastal Creations, Inc.

Principal Place of Business

Mailing Address

2215 W. Cervantes St.
Pensacola, FL 325034182 W. Wisconsin Ave.
Appleton, WI 54915

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

1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

593117325

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐ None

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	Russell Hassel	4182 W. Wisconsin Ave.	Appleton, WI 54915
			800003083218--4 -12/29/99--01077--011 ****750.00 ****750.00 LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Philip Seales
2215 W. Cervantes
Pensacola, FL 32503

Name

Keith Davis

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

7680 W. Hwy 98 #223

City
PensacolaState
FLZip Code
32506

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.

Signature of
Registered AgentKeith J. Davis

REGISTERED AGENT MUST SIGN

Date 15 Dec 9911. This corporation owes the current year
Intangible Personal Property Tax due June 30.Yes ☐ No ☒(See other side for information
on intangible tax.)

12. 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:

Russell G. Hassel Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR12-15-99
Date850 433-5048
Daytime Phone #