

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAR 24 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58014**

1. Corporation Name

Coastal Supplies of Flagler County Inc

2. Principal Office Address

4C Marketplace Ct

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Palm Coast FL

City & State

Zip

32137

Country

USA

Zip

Country

REINSTATEMENT 02-04

600029735966

03/02/04--01057--027 ***150.00

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/92

5. FEI Number

59-3145387

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

Andrew Vinci

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

9 Reidsville Dr

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32164

600029735966

03/24/04--01019--013 ***600.00

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

Andrew P. Vinci

Date

2/24/04

REGISTERED AGENT MUST SIGN

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 |
|------------|--------------------------------------|---|----------------------------|
| D | Vinci Mary Lynn | 4C Marketplace Ct | Palm Coast FL 32137 |
| S-T | Vinci Andrew | 9 Reidsville Dr | Palm Coast FL 32164 |
| P D | Vinci Ariane | 9 Reidsville Dr | Palm Coast FL 32164 |
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| | | | |

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:

Andrew P. Vinci

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-04

Date

Daytime Phone #

445-8079

386 457

CR2001 (01/04)