

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

0002
APPLICATION
FOR
REINSTATEMENT
LLC UBR



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000020120

Name and Mailing Address

0009078 01 FP 0.352 **PRSRT HO 0 0615 32118-615502



COASTAL MANAGEMENT, LLC
3013 S. ATLANTIC AVE. #802
DAYTONA BEACH SHORES FL 32118-6155

FILED
02 NOV 25 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/20/2001

Principal Place of Business

3013 S. ATLANTIC AVE. #802
DAYTONA BEACH SHORES FL 32118

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

GAUDER, JOHN F
3013 S. ATLANTIC AVE. #802
DAYTONA BEACH SHORES FL 32118

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11-21-02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)

Name of Managing
Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

John F. Gauder
MGRM

3013 S. Atlantic Ave
802

Daytona Beach Shrs.
FL 32118

302182901191

06/25/02 90441 012 450

[Signature]

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

11-21-02

Daytime Phone #

386/295-3982

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)