

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000021939

1. Limited Liability Company's Name

**Coastal Real Estate Investment, LLC**

**FILED**  
11 MAR 28 PM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

2. Principal Office Address - No P.O. <del>Boxes</del> 2236 Park Street		3. Mailing Office Address 2236 Park Street	
Suite, <del>Apt.</del> , etc.		Suite, <del>Apt.</del> , etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32204	Country USA	Zip 32204	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida June 17, 2003	
6. FEI Number 760734853	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Reznicsek Fraser Hastings White & Shaffer, PA			
Street Address (P.O. Box Number is Not Acceptable) 4230 Pablo Professional Court			
Suite, <del>Apt.</del> , Etc. Suite 200			
City Jacksonville	State FL	Zip Code 32224	

E-mail Address:  
200199595662  
03/29/11--01006--009 \*\*680.00  
donna@rfhlaw.com  
(To be used for future annual report notices)

9. 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 *Rick Purnome* Date 3-23-11  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Howard J. Groshell	2236 Park Street	Jacksonville, Florida 32204

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Howard J. Groshell* Date 12-16-11 Daytime Phone 904-699-2110  
Typed or printed name of signing Managing Member/Manager Manager