

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
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02 NOV 14 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT
L01000006442

1. DOCUMENT # L01000006442

Name and Mailing Address

0006020 01 FP 0.352 **PRSRT T8 0 0615 34239-712100



COASTAL SERVICES, L.L.C.
3000 BEE RIDGE ROAD
SARASOTA FL 34239-7121

REINSTATEMENT 2002



2. New Mailing Address P.O. Box 15407 City, State, Zip Sarasota, FL 34277		4. State/Country of Formation FL	
Principal Place of Business 3000 BEE RIDGE ROAD SARASOTA FL 34239		5. Date Organized or Qualified To Do Business in Florida 04/25/2001	
3. New Principal Place of Business Address 7349 Merchant Ct. City, State, Zip Sarasota, FL 34240		6. FEI Number ☒ Applied For ☐ Not Applicable	
8. Name and Address of Current Registered Agent RANDLE, THOMAS L JR. 3000 BEE RIDGE ROAD SARASOTA FL 34239		7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Thomas L. Randle, Jr. Street Address (P.O. Box Number is Not Acceptable) 7349 Merchant Ct. City Sarasota State FL Zip Code 34240			
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: <i>[Signature]</i> Date: 10-23-02 REGISTERED AGENT MUST SIGN			
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
CEO	THOMAS L. RANDLE JR	SAME AS ABOVE	700008598047 10/25/02--01093--002 **155.00

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: *[Signature]* Date: 10-23-02 Daytime Phone #: 941-907-4000

Typed or printed name of signing Managing Member/Manager: Thomas L. Randle, Jr.

CR2E084 (8/02)