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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A. (WES
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LIMITED LIABILITY REINSTATEMENT

COASTAL INCOME INVESTMENTS, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$205.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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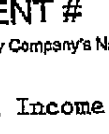
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DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA 02 MAR 28																													
DOCUMENT # L00000004824 1. Limited Liability Company's Name Coastal Income Investments, L.L.C.																																	
2. Principal Office Address 121 North River Drive West Suite, Apt. #, etc. City & State Jupiter, FL Zip Country 33458 USA		3. Mailing Office Address P.O. Box 2990 Suite, Apt. #, etc. City & State Jupiter, FL Zip Country 33468 USA		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 4/27/2000 6. FEI Number 59-3642829 ☐ Applied For ☒ Not Applicable 7. CERTIFICATE OF STATUS DESIRED ☒ \$5.00 Additional Fee required for a Certificate of Status																													
B. Name and Address of Current Registered Agent Name Keith A. James, Esq. Street Address (P.O. Box Number is Not Acceptable) 222 Lakeview Ave. Suite, Apt. #, Etc. #800 City State Zip Code West Palm Beach FL 33401																																	
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 _____ Date <u>3/28/02</u> REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Member/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Managing Member/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Concetta P. Lichter</td> <td>121 N. River Drive West</td> <td>Jupiter, FL 33458</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Concetta P. Lichter	121 N. River Drive West	Jupiter, FL 33458																				
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MGR	Concetta P. Lichter	121 N. River Drive West	Jupiter, FL 33458																														
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. Signature of Managing Member/Manager <u>Concetta P. Lichter mng</u> Date <u>3/28/02</u> Daytime Phone # <u>(561) 763-8059</u> Typed or printed name of signing Managing Member/Manager <u>Concetta P. Lichter</u>																																	

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SECRETARY OF LEGATION
TALLAHASSEE, FLORIDA
JUN 28

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