

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 00000000 8248

1. Limited Liability Company's Name

COAST-TO-COAST, LLC

2. Principal Office Address

4522 WHITE CEDAR LANE

Suite, Apt. #, etc.

City & State

DELRAY BEACH FL

Zip

33445

Country

USA

3. Mailing Office Address

4522 WHITE CEDAR LANE

Suite, Apt. #, etc.

City & State

DELRAY FL

Zip

33445

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified

To Do Business in Florida

6/01

6. FEI Number

65162162

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

Name

RK KLIEBENSTEIN

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

4522 WHITE CEDAR LANE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33445

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

REGISTERED AGENT MUST SIGN

Date 10-20-03

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
MBR	KLIEBENSTEIN, RK	4522 WHITE CEDAR LANE DELRAY FL 33445	DELRAY BEACH FL 33445
MBR	KLIEBENSTEIN, LOUAINA	4522 WHITE CEDAR LANE	DELRAY BEACH FL 33445

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

Date 10/20/03 Daytime Phone# 5616381851

Typed or printed name of signing Managing Member/Manager RK KLIEBENSTEIN

CR2E041 (10/02)