

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

L01000004754

FILED

03 MAY 22 AM 8:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000004754

Name and Mailing Address

0005756 01 FP 0.352 **PRSR T8 0 0615 34209-969305



COASTAL SERVICES, LLC
 805 89TH STREET NORTHWEST
 BRADENTON FL 34209-9693



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 805 89TH STREET NORTHWEST BRADENTON FL 34209		5. Date Organized or Qualified To Do Business in Florida 03/28/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number Applied For Not Applicable	
8. Name and Address of Current Registered Agent BARNES, GARRET T ESQ. 3119 MANATEE AVE. WEST BRADENTON FL 34209		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name CORREY WINDISCH Street Address (P.O. Box Number is Not Acceptable) 805 89TH STREET NORTHWEST City BRADENTON FL Zip Code 34209			
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 Date 5/15/03 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
MGR	WINDISCH, CORREY	805 89TH STREET	BRADENTON FL 34209
			700019732817 05/22/03--01013--012 **200.00
REINSTATEMENT 0203 dec			
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 5/15/03 Daytime Phone #			
Typed or printed name of signing Managing Member/Manager			

CR2E984 (8/02)