

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 24 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015359

1. Limited Liability Company's Name

COAST PALM BAY, P.L.

2. Principal Office Address

7777 N. WICKMAN RD.

Suite, Apt. #, etc.

UNIT 4

City & State

MELBOURNE, FL

Zip

32940

Country

USA

3. Mailing Office Address

2502 ROCKY POINT DR

Suite, Apt. #, etc.

#1000

City & State

TAMPA, FL

Zip

33607

Country

USA

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

09/07/01

6. FEI Number

59-3735398

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

PATRICIA HUIE

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

2502 ROCKY POINT DRIVE

Suite, Apt. #, Etc.

SUITE 1000

City

TAMPA

State

FL

Zip Code

33607

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

Patricia Huie
REGISTERED AGENT MUST SIGN

Date

1/8/03

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
MGRM	COAST FLORIDA, P.A.	2502 ROCKY POINT DR TAMPA, FL 33607	

REINSTATEMENT 2002-03

AL

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

Adam Diasti

Date 1/8/03

Daytime Phone # (813) 288-1999

Typed or printed name of signing Managing Member/Manager ADAM DIASTI

CR2E041 (10/02)