

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN 16 PM 3:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000020120

Name and Mailing Address

0001305 01 AT 0.292 \*\*AUTO T7 1 0615 32118-615502



COASTAL MANAGEMENT, LLC  
3013 S. ATLANTIC AVE. #802  
DAYTONA BEACH SHORES FL 32118-6155



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2001	
Principal Place of Business 3013 S. ATLANTIC AVE. #802 DAYTONA BEACH SHORES FL 32118	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
8. Name and Address of Current Registered Agent GAUDER, JOHN F 3013 S. ATLANTIC AVE. #802 DAYTONA BEACH SHORES FL 32118		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	
		Street Address (P.O. Box Number is Not Acceptable) 300027064523	
		City FL Zip Code	
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>John F. Gauder</i> Date 1-10-04 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
MGRM	GAUDER, JOHN F	3013 S. ATLANTIC AVE. #802	DAYTONA BEACH SHORES FL 32118
REINSTATEMENT 2003-04			
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 <i>John F. Gauder</i> Date 1-10-04 Daytime Phone (847) 298-3480			
Typed or printed name of signing Managing Member/Manager			

CR2E0B4 (7/03)