

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 JUN 29 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000048786

1. Limited Liability Company's Name

THE COASTAL COMPANIES, "LLC"

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #

285 Hwy 98 East

3. Mailing Office Address

285 Hwy 98 East

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

USA

Zip

32541

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

11/07/2003

6. FEI Number

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

John R. Dowd, Jr.

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

285 Hwy 98 East

Suite, Apt. #, Etc.

Suite A

City

Destin

State

FL

Zip Code

32541

☐ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

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
MGR	Michael Clancy	285 Hwy 98 East, Suite A	Destin, FL 32541
			300106016382 07/13/07--01045--013 **250.00
			REINSTATEMENT
			05-07

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 4/18/07

Daytime Phone # 850-837-2217

Typed or printed name of signing Managing Member/Manager

Michael Clancy