

# L03000055193

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 OCT -7 PM 3:45

STATE  
TALLAHASSEE, FLORIDA

300136688403  
10/07/08--01006--011 \*\*277.50

CR2E041 (10/08)

**DOCUMENT #**

L03000055193

1. Limited Liability Company's Name

Coast Line Window & Door  
Specialist LLC

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

841 NW Greenwich Ct

Suite, Apt. #, etc.

**3. Mailing Office Address**

Same

Suite, Apt. #, etc.

City & State

Pt St Lucie FL

City & State

FL

Zip

Country

Zip

Country

34983

**4. State/Country of Formation**

St Lucie County

**5. Date Organized or Qualified  
To Do Business in Florida**

12-22-03

**6. FEI Number**

65-0585483

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

Dennis Botterbusch

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

841 NW Greenwich Ct

Suite, Apt. #, Etc.

City

Pt St Lucie

State

FL

Zip Code

34983

☒ 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

Dennis Botterbusch

Date 10-30-08

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
MGRM	Dennis Botterbusch MGRM	841 NW Greenwich Ct	Pt St Lucie FL 34983

REINSTATEMENT 2007-2008

FILED  
08 OCT -7 PM 3:45  
TALLAHASSEE, FLORIDA

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

Dennis Botterbusch

Date 10-30-08

Daytime Phone#

772-3368723

772-3368723

Typed or printed name of signing Managing Member/Manager

772 466 7990