

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

F.L.E.S.D.

14 AUG 26 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L04000024987  
COASTAL PROPERTY LLC

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

4147 SOUTHPOINT DRIVE EAST

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

Zip

32216

Country

DUVAL

USA

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida  
04/07/2004

6. FEI Number

20-1190247

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

FRANK H FEE III, ESQ

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

500 VIRGINIA AVE

Suite, Apt. #, Etc.

SUITE 200

City

FORT PIERCE

State

FL

Zip Code

34982

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

8-22-14

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	TIMOTHY E FEE MD	4147 SOUTHPOINT DRIVE EAST	JACKSONVILLE, FL 32216
MGR	WILLIAM A WALLACE MD	4147 SOUTHPOINT DRIVE EAST	JACKSONVILLE FL 32216
REINSTATEMENT		AUG-26-2014	
R. HUNT			

11. E-mail Address: Cyndie@CoastalCosmetic.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

Date

8-22-14

Daytime Phone #

(904) 332-6774

Typed or printed name of signing Authorized Representative/Manager

Timothy Fee, M.D.