

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 NOV 16 P 5:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/09/07--01039--007 **250.00

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CR2E041 (1/07)

DOCUMENT # L04-90512

1. Limited Liability Company's Name

EASTERN COASTAL DEVELOPMENT LLC

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

1410 FORSYTHE RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

Zip

33405

Country

USA

Zip

Country

4. State/Country of Formation

FLORIDA

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

12/14/2004

6. FEI Number

41-216363

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

JAVIER QUEVEDO

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

1410 FORSYTHE RD

Suite, Apt. #, Etc.

City

WEST PALM BEACH,

State

FL

Zip Code

33405

☐ 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**

REGISTERED AGENT MUST SIGN

Date

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	JAVIER QUEVEDO	1410 FORSYTHE RD	WEST PALM BEACH, FL 33405
MGR	CEBLOWE ATKINS	1410 FORSYTHE RD	WEST PALM BEACH, FL 33405

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

Daytime Phone #

Typed or printed name of signing Managing Member/Manager