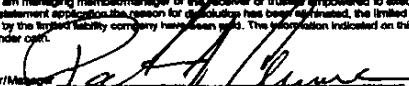


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000038748			
1. Limited Liability Company's Name COASTAL Custom Development TRADEWINDS LLC			
2. Principal Office Address - No P.O. Box # 605 97th Ave.		3. Mailing Office Address 9876 westfield Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NAPLES, FLORIDA		City & State INDIANAPOLIS, IND	
Zip 34103	Country USA	Zip 46280	Country USA
4. State/Country of Formation 4/21/05			
5. Date Organized or Qualified To Do Business in Florida			
6. FEI Number ☒ Applied For ☐ Not Applicable			
7. CERTIFICATE OF STATUS DESIRED ☐ \$300 Additional Fee required for a Certificate of Status			
☐ 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.			
8. Name and Address of Current Registered Agent			
Name Christopher Amore			
Street Address (P.O. Box Number is Not Acceptable) 605 97th Ave.			
Suite, Apt. #, Etc.			
City Naples		State FL	Zip Code 34103
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 		Date 10-10-07	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Patrick Amore	9876 WESTFIELD	INDpls IND 46280
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application, reason for dissolution has been terminated, the limited liability company name satisfies the requirements of section 605.405, 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 10-10-07 Daytime Phone # 317-716-6458	
Typed or printed name of signing Managing Member/Manager Patrick J Amore			

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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REINSTATEMENT 2006 2007