PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 OCT 12 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L05000038748

1. Limited Liability Company's Name
COASTAL Custom Development TRADEWINDS LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
605 97th Ave.	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 ☐ $30.00 Additional Fee required for a Certificate of Status

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

☐ 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 605, F.S.

Signature of Registered Agent: [signature] Date: 10-10-07
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	Patrick Amore	9876 WESTFIELD	INDPLS IND 46280

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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, the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.408, 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: [signature] Date: 10-10-07 Daytime Phone #: 317-716-6458

Typed or printed name of signing Managing Member/Manager: Patrick J Amore

REINSTATEMENT 2006 2007