## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

LIMITED LIABILITY **COMPANY** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1 010000 97601

2011 MAY 17 PM 5: 27

TALLAHASSEE FLORIDA

1. Limited Liability Company's Name							THE SELECTION OF THE SE		
A. Morgan Coastal Realty LLC						0570			
•	Address - No P.O. Box #	3. Mailing Office Address					SKZEGAT (WIT)		
204 HIDDEN DUNE CT		204 HIDDEN DUNE CT			INE CT		4. State/Country of Formation FL/USA		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Date Orga	5. Date Organized or Qualified To Do Business in Florida 10-16-2006		
city & State Ponte Vedra Beach		Ponte Vedra Beach			Beach	6. FEI Number Applied For Not Applicable			
<sup>Zip</sup> 32082	Country	<sup>Zip</sup> 32082	Į	Cour JS,	,	7.	\$5.00	Additional Fee required a Certificate of Status	
8. Name and Address of Current Registered Agent									
<sup>Name</sup> Andrew Morgan						E-mail Address:			
Street Address (P.O. Box Number is Not Acceptable) 204 HIDDEN DUNE CT									
Suite, Apt. #, Etc.						Andrew_Morgan@bellsouth.net			
Ponte Vedra Beach				FL 32082		(To be	(To be used for future annual report notices)		
9. f, 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 C - War Zo II  REGISTERED AGENT MUST SIGN									
. 10. Names and Street Addresses of Managing Members/Managers									
Titles	Name of Managing Members/Manag				reet Address of Ea iging Member/Mar				
May Andrew Morgan			204 HIDDEN DUN			JNE CT	Ponte Vedra Bead	ch, FL 32082	
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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 608, F.S. I further certify that when filling 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.									
Signature of Managing ( . Wyan Date 3 May 2011 Daytime Phone # 904 250 - 5755									
Typed or printed name of signing Managing Mediber/Manager									



03 May, 2011

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern,

I have no intention of revoking the voluntary dissolution of my current LLC (FEI 27-3346544) and grant concurrent to my old LLC (FEI 20-5671353). I have spoken with the IRS and they are holding my old EIN (20-5671353) so it can be used with my reinstated LLC.

If you have any questions please feel free to contact me at 904-280-5755.

Best Regards,

Andrew Morgan

Broker/Owner

A. Morgan Coastal Realty LLC