

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 20 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 107 0000 38878

1. Limited Liability Company's Name

COASTAL PROPERTY MANAGEMENT SERVICES AND REPAIRS

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

413 Colorado Dr

Suite, Apt #, etc

3. Mailing Office Address

P.O. Box 13134

Suite, Apt #, etc

City & State

MEXICO BEACH, FLA

Zip

32410

Country

BAV

City & State

MEXICO BEACH

Zip

32410

Country

BAV

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address.

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name

HINGS M ROBERTSON

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

413 Colorado Dr

Suite, Apt #, Etc

City

MEXICO BEACH

State

FL

Zip Code

32410

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9-20-11

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 M HINGS ROBERTSON

413 Colorado Dr

MEXICO BEACH, FLA

32410

000212348690

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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 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. 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
Member/Manager

[Signature]

Date 9-20-11

Daytime Phone # 340-0848

Typed or printed name of signing Managing Member/Manager