

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 05, 2016 08:00 AM**  
**Secretary of State**

**DOCUMENT #** L080000038485

1. Limited Liability Company's Name  
**NS COASTAL LLC**

**200280614532**  
**01/05/16--01012--025 \*\*516.25**

CR2ED41 (1/14)

2. Principal Office Address - No P.O. Box # <b>33 SE 5TH STREET</b>		3. Mailing Office Address <b>1 LINCOLN PLAZA</b>	
Suite, Apt. #, etc <b>SUITE 100</b>		Suite, Apt. # etc <b>APT 21D</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>NYC, NY</b>	
Zip <b>33432</b>	Country <b>US</b>	Zip <b>10023</b>	Country <b>US</b>

4. State/Country of Formation <b>FLORIDA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>04/16/2008</b>	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

8. Name and Address of Current Registered Agent	
Name <b>ALLISON, DONALD M</b>	
Street Address (P.O. Box Number is Not Acceptable) Suite <b>33 SE 5TH STREET</b>	
Apt. #, Etc <b>SUITE 100</b>	
City <b>BOCA RATON</b>	State <b>FL</b>
	Zip Code <b>33432</b>

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

REGISTERED AGENT MUST SIGN

Date **1-4-2016**

**10. Names and Street Addresses of Authorized Representatives/Managers**

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGRM	NATALIE SCHLEIFER	1 LINCOLN PLAZA, APT 21D	NYC, NY 10023

**JAN 7 2015**

**JO. WILLIAMS**

11. E-mail Address: **nat8477@gmail.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ 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 requirement of section 605.0012, 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 authorized representative/member

**Natalie Schleifer**

Date

**12/28/15**

Daytime Phone #

**9178163265**

Typed or printed name of signing authorized representative/member

**NATALIE SCHLEIFER MGRM**