L08000095983

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
13 MAY 24 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L08000095983

1 Limited Liability Company's Name
The Coastal Companies LLC

2010

MK

CR2E041 (1/11)

2 Principal Office Address - No P.O. Box #	3. Mailing Office Address
246 2nd St N	246 2nd St N
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Safety Harbor FL	City & State: Safety Harbor FL
Zip: 34695 Country: USA	Zip: 34695 Country: USA.

4. State/Country of Formation: Florida.

5 Date Organized or Qualified To Do Business in Florida: 10/10/2008

6. FEI Number: 26-4169613. ☐ Applied For ☐ Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Curtis A Crenshaw MK

Street Address (P.O. Box Number is Not Acceptable): 246 2nd St N

Suite, Apt. #, Etc.:

City: Safety Harbor State: FL Zip Code: 34695

E-mail Address:
600248245206
05/24/13--01004--001 **655.00

KLucia@CoastalCompanies.com
(To be used for future annual report notices)

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 _____ Date _____
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
MGR	Curtis A Crenshaw	246 2nd St N	Safety Harbor FL 34695
	MK	**REINSTATEMENT** 2010-2013	

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 _____ Date 5/16/13 Daytime Phone # 727-723-9567.

Typed or printed name of signing Managing Member/Manager _____