

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAY 31 PM 7:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11000028081

1. Limited Liability Company's Name

Coastline Capital Group, LLC

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

27225 Jolly Roger Ln.

Suite, Apt. #, etc.

3. Mailing Office Address

27225 Jolly Roger Ln.

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Bonita Springs, FL

Zip

34135

Country

US

Zip

34135

Country

US

8. Name and Address of Current Registered Agent

Name

Thomas Capital Group, LLC

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

27225 Jolly Roger Ln

Apt. #, Etc.

City

Bonita Springs, FL

State

FL

Zip Code

34135

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]
REGISTERED AGENT MUST SIGN

Date 5.22.2017

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
MGR	Michael Thomas	27225 Jolly Roger Ln.	Bonita Springs, FL 34135

MAY 31 2017

C. CARROTHERS

11. E-mail Address M.JVThomas@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

[Signature]

Date 5.22.17

Daytime Phone # 239-247-3344

Typed or printed name of signing authorized representative/member