

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2021 MAY -7 AM 9:10

RECEIVED

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05/07/21--01010--022 **238.75

DOCUMENT # 7 L13000074916

1. Limited Liability Company's Name

Coastal Homes LLC

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

2303 North Riverside Drive

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Pompano Beach FL

City & State

FL

Zip

33062

Country

Groward

Zip

Country

8. Name and Address of Current Registered Agent

Name

Mark Stewart

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

2303 North Riverside Drive

Apt. #, Etc

City

Pompano Beach

State

FL

Zip Code

33062

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

5/4/21

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

mm

Mark Stewart

2303 N. Riverside Dr

FL 33062

(MGRM)

Pompano Beach FL 33062

T MOORE

MAY 18 2021

11. E-mail Address Les@CoastalhomesLLC.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

Date

5/4/21

Daytime Phone #

610 635-4114