PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 OCT -4 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000067421

1. Limited Liability Company's Name

Coastal Wine Market, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
156 Tarpon Bay Court	156 Tarpon Bay Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ponte Vedra Florida	City & State: Ponte Vedra Florida
Zip: 32081 Country: USA	Zip: 32081 Country: USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida: 4/17/15

6. FEI Number: 47-5648804 ☐ 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: UNITED STATES CORPORATION AGENTS INC.

Street Address (P.O. Box Number is Not Acceptable) Suite: 13302 WINDING OAK COURT

Apt. #, Etc.: A

City: TAMPA State: FL Zip Code: 33612

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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 _____ Date 9/26/16

REGISTERED AGENT MUST SIGN

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
AR	Steven Lourie	156 Tarpon Bay Ct	Ponte Vedra FL 32081
AR	Shawn Lourie	156 Tarpon Bay Ct	Ponte Vedra, FL 32081

11. E-mail Address: stevenlourie1@yahoo.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager of 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 9-27-16 Daytime Phone # 617-821-3205

Typed or printed name of signing authorized representative/member _____

K. ASHTON