* PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY				
COMPANY				
REINSTATEMENT				



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT#	L15000	179581
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1. Limited Liability Company's Name

felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Coastal Cleaning & Property Management We

2	4 - 12:25
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		201 03/27/80	094269009 00100903	17⊒ • 733.75	
2. Principal Office Address - No P.O. Box#	3. Mailing Office Address	7	CR2E041 (1/14)		
123 SE 32nd St	623 S€ 32nd St	4. State/Count	4. State/Country of Formation		
Suite, Apt #, etc.	Suite, Apt #, etc.	T FU	FLI USA		
		5. Date Organ To Do Busin	ized or Qualified ess in Florida C 21 20		
City & State	City & State	I			
Cape Coral, Fi	Cape Coral, FL	6. FEI Numbe	COUNTS S		
Zip Country	Zip Country			Not Applicable	
33904 USA	33904 USA	CERTIFICATE OF	7. CERTIFICATE OF STATUS DESIRED 💢		
	ss of Current Registered Agent				
Dranna Fisher					
Street Address (P.O. Box Number is Not Acceptable) Su	rite,	_	D WHITE		
U23 S€ 32nd Street		_	APR 2 7 2020		
Apt #, Etc			BL IV.		
Cape Coral, &	State Zip Code FL 33904				
	bove named limited liability company, am familiar with and a	ccept the obligations	s of Chapter 605, F.S		
Signature of Registered Agent	REGISTERED AGENT MUST SIGN		Date March 24	2020	
10. Names and Street Addresses of Authorized Repri	esentatives/Managers				
Name of Titles Authorized Representative Managers	Street Address of Eac Authorized Representa Manager		City / State / Zip		
Myr Nathan Fisher	1033 SE 32nd Street	1933 SE 32nd Street		33904	
Mngr Deanna Fisher	- 1:23 SE 32nd Str	zei	Cape (cral, Fi Cape (cral, Fi	33904	
11. E-mail Address <u>AV</u> F 4025	@iclaud.com				
12 Locate that I am an a through a second	(To be used for future annual report notifica	tions)			

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

Date March 3:1, 300 Daytime Phone # 1016.581.1277

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE REGISTRATION SECTION AT (850) 245-6051.

- Block 1 Enter the limited liability company's document number and name. The name of the limited liability company cannot be changed by way of this application. The name may be changed by filing an amendment with our Registration Section. Please call the Registration Section at (850) 245-6051 for information on filing a name change.
- Block 2 Enter the limited liability company's principal place of business address. (A post office box is not acceptable)
- Block 3 Enter the limited liability company's mailing address. (A post office box is acceptable)
- Block 4 Enter state or country, if other than U.S., under the laws of which entity was formed.
- **Block 5** Enter the date organized or qualified with this office.
- Block 6 Enter your Federal Employer Identification (FEI) Number or check the appropriate box. If "APPLIED FOR" was previously reported, you must now provide the FEI number or attach a photocopy of your application for the FEI number to this form or this application will be rejected. FEI numbers are not assigned by the Division of Corporations. For assistance with FE numbers, call the IRS at (800) 829-4933.
- Block 7 Your cancelled check will be your filing acknowledgement unless a certificate of status is requested in Block 7 and an additional \$5.00 is submitted to cover its fee. Certificates of status will be mailed to the limited liability company's mailing address unless accompanied by a cover letter indicating the name and address to whom the certificate should be mailed.
- **Block 8** Section 605.0113, Florida Statutes, requires all foreign and domestic limited liability companies to continuously maintain a registered agent and registered office in this state. The business office of the registered agent must be the same as the registered office pursuant to section 605.0113, Florida Statutes, and the registered office must a Florida street address.
- Block 9 The designated registered agent must indicate familiarity with Chapter 605, F.S., and acceptance of its obligations and this appointment by completing and signing Block 9. ALL REINSTATEMENTS MUST BE SIGNED BY THE REGISTERED AGENT in accordance with section 605.0715 and 605.0113, F.S. If the registered agent does not sign, the application will be rejected
- Block 10

Enter the name, title and street address of each manager or authorized representative. Use the following abbreviations: MGR = Manager; and AR = Authorized Representative. MGR- A person outside the company who will manage the company AR- A person who is a member and also manages the company. Attach additional sheets if necessary. Enter the entity's e-mail address. This will be used for future annual report notices.

Block 11

Enter the entity's e-mail address. This should be used for future annual report notices.

Block 12

Block 12 must be signed by current authorized representative or manager listed in Block 10 or an attachment. If the limited liability company is in the hands of a receiver, it must be signed by the trustee or receiver.

MAKE CHECKS PAYABLE TO DEPARTMENT OF STATE.

FEES: Reinstatement Fee.....\$100.00

Annual Report Fee.....\$138.75 (For each year or a part of a year dissolved)

Minimum Amount Due.....\$238.75

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 COURIER SERVICE ADDRESS:

INTERNET ADDRESS: www.sunbiz.org

Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Phone: (850) 245-6051

Hearing/ Voice Impaired may call (850) 245-6096 (TDD)

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