PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L15000179581

1. Limited Liability Company's Name
Coastal Cleaning & Property Management LLC

2. Principal Office Address - No P.O. Box #
623 SE 32nd St

Suite, Apt #, etc.

City & State
Cape Coral, FL

Zip: 33904 Country: USA

3. Mailing Office Address
623 SE 32nd St

Suite, Apt #, etc.

City & State
Cape Coral, FL

Zip: 33904 Country: USA

4. State/Country of Formation
FL / USA

5. Date Organized or Qualified To Do Business in Florida 10/21/2015

6. FEI Number
30-0941088
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

8. Name and Address of Current Registered Agent

Name
Deanna Fisher

Street Address (P.O. Box Number is Not Acceptable) Suite,
623 SE 32nd Street

Apt #, Etc

City: Cape Coral, FL State: FL Zip Code: 33904

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 March 24, 2020
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
Mngr	Nathan Fisher	623 SE 32nd Street	Cape Coral, FL 33904
Mngr	Deanna Fisher	623 SE 32nd Street	Cape Coral, FL 33904

11. E-mail Address dkf4025@icloud.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 March 24, 2020 Daytime Phone # 616-581-1277

Typed or printed name of signing authorized representative/member Deanna Fisher

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

INTERNET ADDRESS:
www.sunbiz.org

Phone: (850) 245-6051

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