


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L22000451828</u>			
1. Limited Liability Company's Name <u>Coastal Dreams Sports Center LLC</u>			
2. Principal Office Address - No P.O. Box # <u>8176 SW Jack James Pk</u> Suite, Apt. #, etc. <u>401</u> City & State <u>Stuart, FL</u> Zip Country <u>34997</u> <u>USA</u>		3. Mailing Office Address <u>8176 SW Jack James Pk</u> Suite, Apt. #, etc. <u>401</u> City & State <u>Stuart, FL</u> Zip Country <u>34997</u> <u>USA</u>	
4. State/Country of Formation <u>FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>2024-07-20</u>	
6. FEI Number <u>920784480</u>		Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name <u>Shannon Easter</u> Street Address (P.O. Box Number is Not Acceptable) Suite, <u>5730 SW Bald Eagle Dr</u> Apt. # Etc. City State Zip Code <u>Palm City</u> <u>FL</u> <u>34990</u>			
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 <u>[Signature]</u> Date <u>8-26-24</u> 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
<u>Owner</u>	<u>Shannon Easter</u>	<u>5730 SW Bald Eagle Dr.</u>	<u>Palm City, FL 34990</u>
<u>Owner</u>	<u>Veronica Henderson</u>	<u>11013 SW Redwing Dr.</u>	<u>Stuart, FL 34997</u>
11. E-mail Address: <u>Coastaldreamsbiz@gmail.com</u> (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 <u>[Signature]</u> Date <u>8-26-24</u> Daytime Phone # <u>772-678-2038</u> Typed or printed name of signing authorized representative/member <u>Shannon Easter</u>			