

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:46

DOCUMENT # L99000004449

1. Limited Liability Company's Name

COASTAL PROPERTIES OF S. FLORIDA, LLC

2. Principal Office Address

710 SE ATLANTIC DR.

Suite, Apt. #, etc.

City & State

LANTANA

Zip

33462

Country

PALM BEACH

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

33462

Country

FLORIDA

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA / USA

5. Date Organized or Qualified
To Do Business in Florida

7/22/1999

6. FEI Number

65-0955304

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

PIETERA SIEGLER

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

710 SE ATLANTIC DR.

Suite, Apt. #, Etc.

City

LANTANA

State

FL

Zip Code

33462

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/18/06

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>PIETERA SIEGLER</u>	<u>710 SE ATLANTIC DR.</u>	<u>LANTANA, FL. 33462</u>
<u>MGR</u>	<u>GLENN SIEGLER</u>	<u>710 SE ATLANTIC DR.</u>	<u>LANTANA, FL. 33462</u>

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REINSTATEMENT 02-06

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.

Signature of
Managing Member/Manager

[Signature]

Date

10/18/06

Daytime Phone #

561-827-4250

Typed or printed name of signing Managing Member/Manager