

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 30 PM 12:21

DOCUMENT #

L99000008446

1. Limited Liability Company's Name

COASTAL SHORES DEVELOPMENT, LLC

2. Principal Office Address

927 Jasmine Drive

Suite, Apt. #, etc.

3. Mailing Office Address

927 Jasmine Drive

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Beach, FL

Zip

33483

Country

Palm Beach

Zip

33483

Country

Palm Beach

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

12/6/99

6. FEI Number

65-0771062

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

Andrew Spengler

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

927 Jasmine Drive

Suite, Apt. #, Etc.

Delray Beach, FL

State
FL

Zip Code
33483

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**

REGISTERED AGENT MUST SIGN

Date 1/22/01

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
MGRM	Andrew Sprengler	927 Jasmine Drive	Delray Beach, FL 33483
MGRM	David R. Bertrand	3850 A. McIntosh Lane	Boca Raton, FL 33434
MGRM	Timothy Mulloy	102 N.E. 2nd Street #203	Boca Raton, FL 33432

REINSTATEMENT

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**

Date

1/22/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager