

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 AM 7:54

1. **DOCUMENT #** L99000008446

Name and Mailing Address

0012471 01 AT 0.292 **AUTO T5 0 0615 33444-381282



COASTAL SHORES DEVELOPMENT, LLC
382 NE 3RD AVE.
DELRAY BEACH FL 33444-3812



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/06/1999	
Principal Place of Business 382 NE 3RD AVE. DELRAY BEACH FL 33444	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0971062	Applied For 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 SPENGLER, ANDREW 927 JASMINE DRIVE DELRAY BEACH FL 33483	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300033101973 04/19/04--01081--002 **200.00 City FL Zip Code
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10. 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]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date _____

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SPENGLER, ANDREW I	927 JASMINE DRIVE	DELRAY BEACH FL 33483
MGR	BERTRAND, DAVID R DELETE	18 NW 15TH ST. DELETE	DELRAY BEACH FL 33444 DELETE

REINSTATEMENT 03-04
[Signature]

12. 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]* **SIGNATURE REQUIRED** Date 4/12/04 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager ANDREW I. SPENGLER

CR20034 (7/03)