

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

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**DOCUMENT #** L99000009062

**1. Limited Liability Company's Name**

COASTAL APARTMENTS, L.L.C.

**2. Principal Office Address**

672 Brent Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503

Country

USA

**3. Mailing Office Address**

672 Brent Lane

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503

Country

USA

**REINSTATEMENT 2000**

**4. State/Country of Formation**

Florida, U.S.A.

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

December 20, 1999

**6. FEI Number**

59-3614797

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

Robert W. Kimball

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

672 Brent Lane

Suite, Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503

600003473596-3

11/21/00-01119-019

\*\*\*\*300.00 \*\*\*\*150.00

**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 10/17/00

**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
Mem/ Mgr.	Robert W. Kimball	672 Brent Lane	Pensacola, FL 32503

**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 10/17/00 Daytime Phone# (850) 474-0900

Typed or printed name of signing Managing Member/Manager Robert W. Kimball