

199000009155

APPROVAL
AND
FILED

03 FEB -6 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 199000009155

1. Corporation Name

INTRACOASTAL 429, L.L.C.

REINSTATEMENT

2002-
2003

2. Principal Office Address

1100 SE 24TH STREET

3. Mailing Office Address

P.O. BOX 535

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

RICHFIELD, OH

Zip

33316

Country

U.S.

Zip

44286

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1999

5. FEI Number

65-0969304

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

200011899742

02/06/03--01010--008 **200.00

7. Name and Address of Current Registered Agent

Name

FREDERICK C. HEIDGERD, ESQ.

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

600 W. HILLSBORO BLVD.

Suite, Apt. #, Etc.

SUITE 520

City

DEERFIELD BEACH

State
FL

Zip Code

33441

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date DECEMBER 18, 2002

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
MGRM	EMIL PAWUK	7000, SE LAKEVIEW TERRACE	STUART, FL 34996
MGRM	E. MARK PAWUK	2958 BRECKSVILLE ROAD	RICHFIELD, OH 44286

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: *[Signature]*

E. MARK PAWUK

12-19-02

330-659-9393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #