



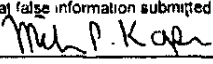
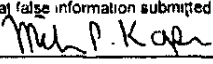
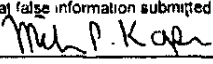


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **D**

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| LIMITED LIABILITY COMPANY REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | | FILED 16 DEC 13 PM 3:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA 500293267205 CR2E041 (1/14) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DOCUMENT # M15000001615 1. Limited Liability Company's Name <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">INTRACOASTAL CAPITAL LLC</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Office Address - No P.O. Box # 245 Palm Trail Suite, Apt. #, etc. | | 3. Mailing Office Address 245 Palm Trail Suite, Apt. #, etc. | | 4. State/Country of Formation Delaware | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Delray Beach, FL | | City & State Delray Beach, FL | | 5. Date Organized or Qualified To Do Business in Florida 03/02/2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zip 33483 | Country Palm Beach | Zip 33483 | Country Palm Beach | 6. FEI Number 34-2027956 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | 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 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Name NRAI Services, Inc.</td> </tr> <tr> <td colspan="3">Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road</td> </tr> <tr> <td colspan="3">Suite, Apt. #, Etc.</td> </tr> <tr> <td>City Plantation</td> <td>State FL</td> <td>Zip Code 33324</td> </tr> </table> | | | | | | Name NRAI Services, Inc. | | | Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road | | | Suite, Apt. #, Etc. | | | City Plantation | State FL | Zip Code 33324 | | | | | | | | | | | | | | | | |
| Name NRAI Services, Inc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City Plantation | State FL | Zip Code 33324 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. <table style="width: 100%;"> <tr> <td style="width: 30%;">Signature of Registered Agent</td> <td style="width: 40%; text-align: center;">  James M. Halpin - Asst. Secretary REGISTERED AGENT MUST SIGN </td> <td style="width: 30%; text-align: right;">Date 12-12-16</td> </tr> </table> | | | | | | Signature of Registered Agent |  James M. Halpin - Asst. Secretary REGISTERED AGENT MUST SIGN | Date 12-12-16 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Registered Agent |  James M. Halpin - Asst. Secretary REGISTERED AGENT MUST SIGN | Date 12-12-16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. Names and Street Addresses of Authorized Representatives/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Authorized Representatives/Managers</th> <th style="width: 30%;">Street Address of Each Authorized Representative/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Mitchell P. Kopin</td> <td>245 Palm Trail</td> <td>Delray Beach, FL 33483</td> </tr> <tr> <td>MGR</td> <td>Daniel B. Asher</td> <td>111 W. Jackson Boulevard, Suite 2000</td> <td>Chicago, Illinois 60604</td> </tr> <tr> <td>MGR</td> <td>Fred O. Golman</td> <td>111 W. Jackson Boulevard, Suite 2000</td> <td>Chicago, Illinois 60604</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | | | Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip | MGR | Mitchell P. Kopin | 245 Palm Trail | Delray Beach, FL 33483 | MGR | Daniel B. Asher | 111 W. Jackson Boulevard, Suite 2000 | Chicago, Illinois 60604 | MGR | Fred O. Golman | 111 W. Jackson Boulevard, Suite 2000 | Chicago, Illinois 60604 | | | | | | | | | | | | |
| Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MGR | Mitchell P. Kopin | 245 Palm Trail | Delray Beach, FL 33483 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MGR | Daniel B. Asher | 111 W. Jackson Boulevard, Suite 2000 | Chicago, Illinois 60604 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MGR | Fred O. Golman | 111 W. Jackson Boulevard, Suite 2000 | Chicago, Illinois 60604 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11. E-mail Address: <u>MK@intracc.com</u> <small>(To be used for future annual report notifications)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. <table style="width: 100%;"> <tr> <td style="width: 30%;">Signature of Authorized Representative/Manager</td> <td style="width: 30%; text-align: center;">  </td> <td style="width: 20%; text-align: center;">Date 12/12/16</td> <td style="width: 20%; text-align: center;">Daytime Phone # 847-562-9030</td> </tr> </table> Typed or printed name of signing Authorized Representative/Manager <u>Mitchell P. Kopin, Manager</u> | | | | | | Signature of Authorized Representative/Manager |  | Date 12/12/16 | Daytime Phone # 847-562-9030 | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature of Authorized Representative/Manager |  | Date 12/12/16 | Daytime Phone # 847-562-9030 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2012

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 12/13/16

ACCT. I20160000072

Eric Dill

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|-------------|---------------------------------|
| Name: | <u>Intercoastal Capital LLC</u> |
| Document #: | |
| Order #: | <u>10288016</u> |

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| Certified Copy of Arts & Amend: | | | |
| Plain Copy: | | | |
| Certificate of Good Standing: | | | |
| Apostille/Notarial Certification: | | Country of Destination: | |
| | | Number of Certs: | |

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| Availability _____ |
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| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 1371.25

(up to \$1500 if we miscalculated)

Thank you!