16 NOV 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800292619988

DOCUMENT # M15000006643

1. Limited Liability Company's Name
Coaster Boat, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
135 San Lorenzo Avenue	135 San Lorenzo Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PH 840	PH 840
City & State	City & State
Coral Gables, FL	Coral Gables, FL
Zip / Country	Zip / Country
33146 / USA	33146 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida August 21, 2015

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a certificate of status

Notarized Document
CWS

8. Name and Address of Current Registered Agent

Name
Geoffrey M. Wayne, P.A.

Street Address (P.O. Box Number is Not Acceptable) Suite,
135 San Lorenzo Avenue

Apt. #, Etc.
PH 840

City: Coral Gables | State: FL | Zip Code: 33146

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.

Signature of Registered Agent: Geoffrey M. Wayne (REGISTERED AGENT MUST SIGN) Date 11/22/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MBR	Lalret, Salvedor	528 Lakeview Ct.	Miami, FL 33140
	REINSTATEMENT		S. HAWKES
			NOV 23 A.M.
	2016		EXAMINER

11. E-mail Address: AM@ABOGADOMIAMI.COM
(to be used for future annual report notifications)

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member Salvador Lalret 2016 Date 11-22-16 Daytime Phone # 3058151816

Typed or printed name of signing authorized representative/member Salvador Lalret, Managing Member

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 379583 7181999

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : November 22, 2016

ORDER TIME : 8:25 AM

ORDER NO. : 379583-005

CUSTOMER NO: 7181999

REINSTATEMENT

NAME: COASTER BOAT, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
16 NOV 23 AM 11:00
FLORIDA DEPARTMENT OF STATE
SUFFICIENCY OF FILING