PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000024368

1. Corporation Name

Coastal Land Group, Inc.

800440244978
11/26/24--01029--005 **2435.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
422 Admiral Court	422 Admiral Court
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Destin, Florida	City & State: Destin, Florida
Zip: 32541 Country: USA	Zip: 32541 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 02/28/2003

5. FEI Number: 51-0449995 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Mitchell W. Legler

Street Address (P.O. Box Number is Not Acceptable): 4471 Legendary Drive

Suite, Apt. #, Etc

City: Destin State: FL Zip Code: 32541

FILED
25 JAN 14 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FL

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: _____ Date: 11/22/2024

REGISTERED AGENT MUST SIGN

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
P	Jo Ann Knowles	422 Admiral Court	Destin, Florida 32541
V	Caulie T. Knowles, III	422 Admiral Court	Destin, Florida 32541

10. E-mail Address: pknowles@legendary.llc

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify 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: _____ Caulie T. Knowles, III 11/22/2024 850 865-2109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #