

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**

06, 07 & 08



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 APR 22 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900124906469  
04/22/08--01003--002 \*\*\*458.75

DOCUMENT # POS000134464

1. Corporation Name  
COAST'S MASTER INVESTMENTS CORP.

2. Principal Office Address - No P.O. Box #  
54 PARK DR # 11

Suite, Apt. #, etc.  
11

City & State  
BAL HARBOUR FL

Zip Country  
33154 USA

3. Mailing Office Address

54 PARK DR

Suite, Apt. #, etc.  
11

City & State  
BAL HARBOUR FL

Zip Country  
33154 USA

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida ~~09-05-05~~ 09.30.05

5. FEI Number 20.3575674 ☐ 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 MARC MACHIGOTE

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

Suite, Apt. #, Etc.  
11

City BAL HARBOUR

State Zip Code  
FL 33154

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 04.18.08

**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
PRESIDENT	MARC MACHIGOTE	54 PARK DR # 11	BAL HARBOUR FL 33154

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 contained in Chapter 119, 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.18.08 (305) 6082306

Date Daytime Phone #

*Theris*  
4-24-08