2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000100780 1. Entity Name COASTAL PROPERTY MANAGEMENT GROUP INC. Principal Place of Business 200 GALEN DR #111 KEY BISCAYNE, FL 33149 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc.					775	FD 15-110 1024-2007	FILE 07 OCT 25 SECRETAR: C TALLAHASSEE	PM 4: 48	
City & State			REY BISCAUNE			4. FEI Numb	34171489	<u>с</u> . — —	plied For t Applicable
Zip	Country		^{zin} 33149	Coun U.	try S.A.	<u> </u>	e of Status Desired	\$8.75 Add Fee Required	itional
6. Name and Address of Current Registered Agent PUENTES, RAMON H 200 GALEN DR #111 KEY BISCAYNE, FL 33149					Name Street Address City		d Address of New Registere		3
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00							In accordance with s. 6 corporation did not rece		
10.	OFFICERS	AND DIRE	L CTORS	11.		ADDITIONS	J JCHANGES TO OFFICERS A	ND DIRECTORS	S IN 11
ITILE NAME STREET ADDRESS CITY-ST-ZIP	PUENTES, RAMON H 200 GALEN DR #111 KEY BISCAYNE, FL 33149			1		90 10/30	00111491 0/0701025010	□ Change 779 **150.	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: SIGNATURE AND PROVIDED NAME OF SIGNED OF STREET OR DIRECTOR Date Dayorio Phone F									