

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FILED

02 MAR 15 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002577

1. Limited Liability Company's Name

THE LIMITED LIABILITY COMPANY OF PALM COAST, L.C.

REINSTATEMENT

2001-
2002

2. Principal Office Address

108 Island Estate Pkwy.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32137

Country

USA

3. Mailing Office Address

108 Island Estate Pkwy.

Suite, Apt. #, etc.

City & State

Palm Coast, FL

Zip

32137

Country

USA

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida 3/3/00

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Michael D. Chiumento

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

4 Old Kings Road North

Suite, Apt. #, Etc.

Suite B

City

Palm Coast

State

FL

Zip Code

32137

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 3/18/02

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm.	William Harkins	108 Island Estate Pkwy.	Palm Coast, FL 32137
			700005134987--9

11. I certify that I am managing member/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 608.408, 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.

Signature of
Managing Member/Manager

[Signature]

Date 03/18/02

Daytime Phone# 386-446-8100

Typed or printed name of signing Managing Member/Manager William Harkins

CR2E041 (9/01)

2062



ACCOUNT NO. : 072100000032

REFERENCE : 475916 9955A

AUTHORIZATION :

Patricia Pajot

COST LIMIT : \$ ~~230.00~~ 235.00

ORDER DATE : March 15, 2002

ORDER TIME : 4:09 PM

ORDER NO. : 475916-005

CUSTOMER NO: 9955A

CUSTOMER: Ms. Karolyn Sheekey
Chiumento & Associates, P.a.
Suite B
4 Old Kings Road North
Palm Coast, FL 32137

DOMESTIC FILINGS

NAME: THE LIMITED LIABILITY COMPANY
OF PALM COAST, L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____

RECEIVED
02 MAR 15 PM 4:26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA