

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:40

1. DOCUMENT # L00000004534

Name and Mailing Address

0002361 01 AT 0.292 **AUTO T1 0 0615 32506-422815



GULF COAST PAINT & BODY, L.L.C.
815 NORTH OLD CORRY FIELD ROAD
PENSACOLA FL 32506-4228

800025265908
12/08/03--01003--034 **150.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

815 NORTH OLD CORRY FIELD ROAD
PENSACOLA FL 32506

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

04/17/2000

6. FEI Number

59-3648590

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

SILCOX, JERRY
815 NORTH OLD CORRY FIELD ROAD
PENSACOLA FL 32506

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Sue **SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SILCOX, JERRY	12 GAIL DRIVE	PENSACOLA FL 32506
MGRM	JUSTICE, RICHARD D	7758 PONTIAC DRIVE	PENSACOLA FL 32506

REINSTATEMENT

03
Dec

12. 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 608.406, 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

Jerry C. Silcox **SIGNATURE REQUIRED**

Date 12/3/03

Daytime Phone #

850 455 8385

Typed or printed name of signing Managing Member/Manager

Jerry C. Silcox