

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

01 OCT 19 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L-4752**

**1. Limited Liability Company's Name**

**COATES EQUIPMENT LLC**  
**17075 SE 95 ST RD.**  
**OCKLAWAHA, FL 32179**

**2. Principal Office Address**

**3. Mailing Office Address**

**17075 SE 95 ST RD**

**17075 SE 95 ST RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**OCKLAWAHA, FL**

**OCKLAWAHA FL**

Zip

Country

Zip

Country

**32179**

**MAZIN**

**32179**

**MAZIN**

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**

Applied For

**59-3213645**

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

**SCOTT COATES**

**200004652452-4**

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

**17075 SE 95 ST RD**

**-10/25/01-01019-003**

**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

Suite, Apt. #, Etc.

City

**OCKLAWAHA**

State

**FL**

Zip Code

**32179**

**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

**Scott Coates**

REGISTERED AGENT MUST SIGN

Date **352-288-4600**

**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
OWNER	SCOTT COATES	17075 SE 95 ST RD	OCKLAWAHA FL 32179

**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 608.406, 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

**Scott Coates**

Date **10-17-01**

Daytime Phone # **352-288-4600**

Typed or printed name of signing Managing Member/Manager

**SCOTT COATES**