

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2007 MAR 19 AM 10:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L 01000004627

1. Limited Liability Company's Name

4C's Holdings, LC

2. Principal Office Address - No P.O. Box #

105 Brooks Street #1

Suite, Apt. #, etc.

3. Mailing Office Address

194 Lynda Lane

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

City & State

Pine Mountain, GA

Zip

32549

Country

USA

Zip

31822

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified  
To Do Business in Florida

2001

6. FEI Number

58-2547370

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

Wallace W. Wade

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

10221 W. Emerald Coast Parkway

Suite, Apt. #, Etc.

Suite 26

City

Destin

State

FL

Zip Code

32541

☒ A \$100 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 \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

3/16/07

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
Mgr	George D. Copelan	194 Lynda Lane	Pine Mountain, GA
			410095254744 03/29/07--01060--006 **300.00

REINSTATEMENT

02-07

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

Date 03/16/07

Daytime Phone # 706-587-6770

Typed or printed name of signing Managing Member/Manager

George D. Copelan