

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
JANUARY 2003  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01000009399

FILED

1. DOCUMENT # L01000009399

Name and Mailing Address

03 MAR 10 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0005792 01 FP 0.352 \*\*PRSR T8 0 0615 34221-343899



C & S, LLC  
199 BIMINI DRIVE  
PALMETTO FL 34221-3438



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

06/12/2001

Principal Place of Business

199 BIMINI DRIVE  
PALMETTO FL 34221

3. New Principal Place of Business Address

City, State, Zip

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

SNYDER, GERALD J  
199 BIMINI DRIVE  
PALMETTO FL 34221

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

*Gerald J. Snyder*  
REGISTERED AGENT MUST SIGN

Date

3/1/2003

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

MEM Snyder, Gerald J 199 Bimini Dr. Palmetto, FL 34221

300013726373  
03/10/03--01048--014 \*\*200.00

REINSTATEMENT 2002-2003

*BK*

*BK*

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

*Gerald J. Snyder*

Date

3/1/2003

Daytime Phone #

(941) 721-4017

Typed or printed name of signing Managing Member/Manager