

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

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000005132

Name and Mailing Address

0002233 01 AT 0.292 **AUTO TO 0 0615 32320-205578



COASTAL CONNECTION, LLC
78-12TH STREET
APALACHICOLA FL 32320-2055



2. New Mailing Address

City, State, Zip

Principal Place of Business

78-12TH STREET
APALACHICOLA FL 32320

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

02/28/2002

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

SHULER, THOMAS M
34-4TH STREET
APALACHICOLA FL 32320

9. Name and Address of New Registered Agent

Name

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

408024412654

11/04/03--01053--003 **150.00

City

FL

Zip Code

10. I, being appointed 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

Thomas M. Shuler
SIGNATURE REQUIRED

Date 10-31-03

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
mgr MR.	ROBBY PAYTON	78-12TH STREET	APALACHICOLA, FL 32320

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

Robby Payton
SIGNATURE REQUIRED

Date

10/3/03

Daytime Phone #

850-653-1800

Typed or printed name of signing Managing Member/Manager