

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000014946

1. Limited Liability Company's Name

COYOTES, LLC

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

228 Jessie Lee Ct.

Suite, Apt #, etc

Green Cove Springs

City & State

Green Cove Springs

Zip

32043

Country

USA

3. Mailing Office Address

228 Jessie Lee Ct.

Suite, Apt #, etc

City & State

Green Cove Springs

Zip

32043

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

06/17/2002

6. FEI Number

030476299

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

Robert Bigley

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

228 Jessie Lee Court

Suite, Apt #, Etc

City

Green Cove Springs

State

FL

Zip Code

32043

☐ 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

Robert V. Bigley
REGISTERED AGENT MUST SIGN

Date 1/14/10

10. Names and Street Addresses of Managing Members/Managers

Title

Name of
Managing Members/Managers

Street Address of Each
Managing Member/Manager

City / State / Zip

sole
managing
member

Robert V. Bigley

228 Jessie Lee Ct.

Green Cove Springs,
Florida 32043

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REINSTATEMENT

07-10

11. E-mail Address

12. I certify that I am managing member/manager or the recorder 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

Robert V. Bigley

Date 1/14/10

Daytime Phone #

904 466 0725

Typed or printed name of signing Managing Member/Manager

Robert V. Bigley

N. Orlando FEB - 3 2010