

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 23 PM 4:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000012362

1. Limited Liability Company's Name

COASTAL INVESTMENT PROPERTIES,
OF NORTH FLORIDA, LLC

BK

CR2E041 (10/08)

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

2457 CARE DRIVE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32308

Country

USA

3. Mailing Office Address

POST OFFICE BOX 159

Suite, Apt. #, etc.

City & State

PORT ST. JOE, FL

Zip

32457

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 04/07/2003

6. FEI Number
134247920

☐ 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

IGLER & DOUGHERTY, P.A.

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

2457 CARE DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32308

☐ 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

Van P. Geeker

VAN P. GEEKER

REGISTERED AGENT MUST SIGN

VICE PRESIDENT

40F

Date 3/1/09

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
MGRM	MORRIS PALMER	POST OFFICE BOX 159	PORT ST. JOE, FL 32457

REINSTATEMENT

2007-2009

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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 608.408, 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

Morris Palmer

Date 3/1/09

Daytime Phone # (850) 878-2411

Typed or printed name of signing Managing Member/Manager MORRIS PALMER