


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 16 AM 8:49

DOCUMENT # L03000032321

1. Limited Liability Company's Name

Coastal Community Carwash, LLC

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

6006 Hwy 77

Suite, Apt. #, etc.

3. Mailing Office Address

6006 Hwy 77

Suite, Apt. #, etc.

City & State

Chipley FL

Zip

32428

Country

US

City & State

Chipley FL

Zip

32428

Country

US

**REINSTATEMENT** 06-07-08  
CR2E041 (12/07)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

8-27-2003

6. FEI Number

592353001

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

Calvin L. Smith, Jr.

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

6006 Hwy 77

Suite, Apt. #, Etc.

City

Chipley

State

FL

Zip Code

32428

☐ 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

Calvin L. Smith, Jr.

REGISTERED AGENT MUST SIGN

Date

1-3-08

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   | Calvin L. Smith, Jr.              | 6006 Hwy 77                                    | Chipley, FL. 32428 |
| MGRM   | Calvin L. Smith, III              | 6006 Hwy 77                                    | Chipley, FL. 32428 |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |
|        |                                   |  |                    |

000114428940  
01/08/08--01039--001 \*\*377.50

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

Calvin L. Smith, Jr.

Date

1-3-08

Daytime Phone #

850-258-8764

Typed or printed name of signing Managing Member/Manager

Calvin L. Smith, Jr.