PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| DOCUMENT# LO 3 00 00 3 2 3 2 3 1 1. Inititied Lability Company's Name Coastal Community Carwash, LLC REINSTATEMENT Country of Formular REINSTATEMENT Country REINSTANT COUNTRY REINSTATEMENT COUNTRY REINSTATEMENT COUNTRY REINSTATEMENT COUNTRY REINSTATEMENT COUNTRY REINSTATEMENT COUNTRY RE | COMPANY | DEPARTMENT OF STATE Secretary of State SION OF CORPORATIONS | SECRETARY DIVISION OF AM 8: 49 | |
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| Country Country Country Country Country Certificate of Status Desired Country Certificate of Status Country Certificate of Status | 6006 Hwy 77 6006 Hwy 77 Suite Ant # etc | | FLDRIDA 5 Date Organized or Qualified | |
| 8. Name and Address of Current Registered Agent Name Sirret Address (P.O. Box Number is Not Acceptable) F. | Chipley, FL Chip | ley FL Country | 6. FEI Number Applied For Not Applicable. | |
| Street Address (P.O. Dax Number is Not Acceptable) Street Address (P.O. Dax Number is Not Acceptable) Suite, Apt. #, Etc. City Chipley State Street Address Street Address Street Address of Each Titles Name of Managing Members/Manager Managing Members/Manager MORM Calvin L. Smith TI. GODG Naw Titles Street Address of Each MORM Calvin L. Smith TI. GODG Naw Titles Street Address of Each MORM Calvin L. Smith TI. GODG Naw Titles Street Address of Each MORM Calvin L. Smith TI. GODG Naw Titles Street Address of Each MORM Calvin L. Smith TI. GODG Naw Titles Godg Titles Titles MORM Calvin L. Smith TI. GODG Naw Titles Godg Titles Titles Godg Titles MORM Calvin L. Smith TI. GODG Naw Titles Godg Titles | 8. Name and Address of Current Registered Agent | | | |
| 9. I, being appointed the registered agent of the above gamed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Titles Name of Managing Members/Managers Name of Managing Members/Managers MCRM Calvin L. Smith, III GODG Hwy T Chipley, FL, 32428 MCRM Calvin L. Smith, III GODG Hwy T Chipley, FL, 32428 11. Lerifly that I am managing member/manager of Ampreceiver 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 have been paid. Die Information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. Daytime Phone # 2525-8764 | Street Address (P.O. Box Number is Not Acceptable) OOD NWY Suite, Apt. #, Etc. City A State Zip Code | | 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 | |
| Titles Name of Managing Members/Managers Name of Managing Members/Manager | Signature of Registered Agent All In Date 1-3-08 | | | |
| MGRM Calvin L. Smith Jr. Good Nwy T Chipley, FL. 32428 MGRM Calvin L. Smith Jr. Good Nwy T Chipley, FL. 32428 MGRM Calvin L. Smith III Good Nwy T Chipley, FL. 32428 11. I certify that I am managing member/manager outrepreceiver 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 layer 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 of the properties of the properti | 10. Names and Street Addresses of Managing Members/Managers | | | |
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