

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 DEC 15 AM 9:17

DOCUMENT # L04000033947

1. Entity Name  
FLM COASTAL ENTERPRISES, LLC



Principal Place of Business  
3000 LANGLEY AVENUE  
PENSACOLA, FL 32504

Mailing Address  
3000 LANGLEY AVENUE  
PENSACOLA, FL 32504

2. Principal Place of Business  
308 South Jefferson Street

3. Mailing Address  
308 South Jefferson Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Pensacola, Florida

City & State  
Pensacola, Florida

Zip  
32502

Country  
Escambia

Zip  
32502

Country  
Escambia

11172005 REIN-LLC CR2E101 (6/04)

4. FEI Number

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

MATTHEWS, EDESEL F JR  
308 SOUTH JEFFERSON STREET  
PENSACOLA, FL 32502

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/17/05

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2006, Fee will be \$200.00**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Rodger K. Lowery  
800 Woodbine Drive  
Pensacola, FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Tom Fruitticher  
153 LePort  
Pensacola Beach, FL 32561 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Member  
Edsel F. Matthews, Jr.  
2721 Blackshear Avenue  
Pensacola, FL 32503 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

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11/21/05--01042--009 \*\*150.00

REINSTATEMENT 2005

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

11/17/05

Date

850-432-1300

Daytime Phone #