

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LO4000072076**

1. Limited Liability Company's Name

Coastal Carpentry of Carrabelle LLC

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

1201 McCrann Ln
Suite, Apt. #, etc.

3. Mailing Office Address

1201 McCrann Ln
Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

Zip

Country

32310

Zip

Country

32310

U.S.A.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Brian McCrann

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

1201 McCrann Ln

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32310

☒ 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

REGISTERED AGENT-MUST SIGN

Date

8/15/07

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
MEM	BRIAN MCCRANN	1201 MCCRANN LN	TALLAHASSEE, FL 32310

000108104630
08/15/07--01006--002 **175.00

REINSTATEMENT 2005-07

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

Date

8/15/07

Daytime Phone #

Typed or printed name of signing Managing Member/Manager