

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -1 PM 12:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000049816

1. Limited Liability Company's Name

Southwest Timber Coastal, LLC

300174151153
04/01/10--01028--017 **277.50

CR2E041 (11/09)

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

1217 Miccosukee Rd

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Same

Zip

Country

32308

Zip

Country

4. State/Country of Formation

Florida - US

5. Date Organized or Qualified
To Do Business in Florida

5-19-05

6. FEI Number

02-3077968

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

W. Bradley Monroe PA

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

239 E Virginia St

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

* 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

Date

REGISTERED AGENT MUST SIGN

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
mrm	James B. Floyd	1217 Miccosukee Rd	Tallahassee FL 32308
mrm	Kirk M. Chewing	162 Annie's Hope	Christiansted VI 00820

REINSTATEMENT 09/10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

4/1/2010

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

88

4/1/10