

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

**FILED**

00 DEC-18 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

DOCUMENT # **L98000000542**

1. Limited Liability Company's Name

**Emerald Coast Trading, L.C.**

2. Principal Office Address

**2816 W. 11<sup>th</sup> ST**

Suite, Apt. #, etc.

City & State

**Panama City, FL**

Zip Country

**32401 USA**

3. Mailing Office Address

**2816 W. 11<sup>th</sup> ST**

Suite, Apt. #, etc.

City & State

**Panama City, FL**

Zip Country

**32401 USA**

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

**08/98**

6. FEI Number

**59-3509672**

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required  
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

**Hess, Brian D**

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

**9108 Front Beach Rd**

Suite, Apt. #, Etc.

City

**Panama City Beach**

State

**FL**

Zip Code

**32407**

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

**ON file see note**

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
MEM	Nolan, Robert	2816 W. 11 <sup>th</sup> ST	P.C., FL 32401
MEM	Gooch, Dwayne	2816 W 11 <sup>th</sup> ST	P.C., FL 32401

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

**Robert L. Nolan**

Date

**12/4/00**

Daytime Phone #

**850-747-8525**

Typed or printed name of signing Managing Member/Manager

**Robert L. Nolan**

CR2E041 (9/00)