

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 22 PM 3:23

DOCUMENT # L 99 000 00 1509

1. Limited Liability Company's Name

PALM COAST LANDING LC

9/29/00

2. Principal Office Address

5522 N. OCEANSHORE BLVD

Suite, Apt. #, etc.

City & State

PALM COAST FL

Zip

32137

Country

U.S.A

3. Mailing Office Address

Rt 1 Box 1860

Suite, Apt. #, etc.

City & State

WHITE SPRINGS

Zip

32096

Country

U.S.A

4. State/Country of Formation

FLA

5. Date Organized or Qualified
To Do Business in Florida

MARCH 22 99

6. FEI Number

59 356 4077

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

KEVIN D FINCH Sr.

800005027098-4

-02/28/02--01059--025

*****255.00 *****255.00

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

Rt 1 Box 1860

(STEPHAN FOSTER Rd)

Suite, Apt. #, Etc.

City

WHITE SPRINGS

State

FL

Zip Code

32096

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 2/20/02

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
MGR	KEVIN D FINCH Sr.	Rt 1 Box 1860	WHITE SPRINGS FL 32096
MGR	Kenneth C Ihlensfeldt	5822 N. OCEANSHORE BLVD	PALM COAST 32137
			Rein 100.00
			00 50.00
			01 50.00
			02 50.00
			CLS 5.00
			255.00

REINSTATEMENT

2000-2002

up 2/26

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 2/20/02 Daytime Phone # 386-397-1667

Typed or printed name of signing Managing Member/Manager

KEVIN D FINCH Sr.