

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

FILED

03 DEC 26 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000005295

Name and Mailing Address

0002366 01 AT 0.292 **AUTO T1 0 0615 32507-334611
EMERALD COAST APPRAISAL SERVICES, L.L.C.
311 CHATTMAN
PENSACOLA FL 32507-3346

200025759812
12/26/03--01003--014 **150.00



2. New Mailing Address

409 S. Navy Blvd

City, State, Zip

Pensacola, FL 32507

Principal Place of Business

311 CHATTMAN
PENSACOLA FL 32507

3. New Principal Place of Business Address

409 S. Navy Blvd.

City, State, Zip

Pensacola, FL 32507

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida

08/25/1999

6. FEI Number 54-212 2175
~~59-3597546~~

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

DYAL, DAVID
311 CHATTMAN
PENSACOLA FL 32507

9. Name and Address of New Registered Agent

Name
Dyal, David
Street Address (P.O. Box Number is Not Acceptable)
409 S. Navy Blvd.

City
Pensacola

FL Zip Code
32507

10. 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

David Dyal

SIGNATURE REQUIRED

Date 12/12/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	DYAL, DAVID	2302 WHALEY AVE. 311 Chattman	PENSACOLA FL 32503 32507
mgr	Kinnard, Roger	2041 Morningside Dr.	Pensacola FL 32503

REINSTATEMENT 03

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

David Dyal SIGNATURE REQUIRED

Date 12-12-03

Daytime Phone # 850-455-3333

Typed or printed name of signing Managing Member/Manager

David Dyal + Roger Kinnard

CR2004 (7/03)