

M00000002538

APPROVED
AND
FILED

03 JAN 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000002538

1. Limited Liability Company's Name

CANAL ACQUISITION, LLC

2. Principal Office Address

2430 NORTH MAIN ST.

Suite, Apt. #, etc.

City & State

CONWAY, SC

Zip

29526

Country

USA

3. Mailing Office Address

P.O. BOX
~~2430~~ No 260010

Suite, Apt. #, etc.

City & State

CONWAY, SC

Zip

29528

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

57-1110464

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

DONNIE THARPE

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

2431 HIGHWAY 71 - SOUTH

Suite, Apt. #, Etc.

300010132313

01/15/03 01065-008 **150.00

City

MARIANNA

State

FL

Zip Code

32446

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

Donnie Tharpe

REGISTERED AGENT MUST SIGN

Date

12/26/02

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
CEO	JAMES P. PRIDGEN	4311-B LUDGATE STREET LUMBERTON, NC 28358	LUMBERTON, NC 28358
EVP	ALLEN MCCALL	419 BRETTWOOD AVENUE	FLORENCE, SC 29501
EVP	DENNIS STONE	4311-B LUDGATE STREET	LUMBERTON, NC 28358
EVP	T. CARROLL HARRELSON	2534 KREWICK ROAD	FLORENCE, SC 29501
EVP	GARY D. MCMAHAN	P.O. BOX 346	DILLON, SC 29536
VP- CEO	HAROLD N. HAWLEY	471 BLACKBERRY LANE	MYRTLE BEACH, SC 29579

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

Harold N. Hawley

CFO/
MEMBER

Date

1-03-03

Daytime Phone #

(843) 488-8101

Typed or printed name of signing Managing Member/Manager

HAROLD N. HAWLEY, CFO/MEMBER

CR2E041 (9/01)