

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 JUL -2 PM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M06000003944

1. Limited Liability Company's Name

FIRST COAST EQUITY MANAGEMENT, LLC

REINSTATEMENT

CR2E041 (1/11)

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

1856 S. LANDGUARD RD.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE

Zip

32092

Country

ST. JOHNS

3. Mailing Office Address

1856 S. LANDGUARD RD.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE

Zip

32092

Country

ST. JOHNS

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

7/17/06

6. FEI Number

200409424

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

BUSINESS FILINGS, INCORPORATED

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

515 E. PARK AVENUE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

E-mail Address:

300248929753

06/14/13--01042--002 **238.75

300248929753

07/02/13--01014--005 **416.25

(To be used for future annual report notices)

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

Mary Jo Spaulding, ASST SECRETARY
BUSINESS FILINGS, INCORPORATED
REGISTERED AGENT MUST SIGN

Date 6-11-13

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	PHILLIP E. OLSBERG	1856 S. LANDGUARD RD.	ST. AUGUSTINE, FL 32092
MEM	J. ROBIN CARA	1856 S. LANDGUARD RD.	ST. AUGUSTINE, FL 32092

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date 4/20/2013

Daytime Phone # 904-687-9609

Typed or printed name of signing Managing Member/Manager

PHILLIP E. OLSBERG

55.00
4/17/13