

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M0800003692**

1. Limited Liability Company's Name

FIRST COAST LAND MANAGEMENT, LLC

2. Principal Office Address - No P.O. Box #
8719 W. BEAVER ST.

Suite, Apt. #, etc.

3. Mailing Office Address
8719 W. BEAVER ST.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32220

8. Name and Address of Current Registered Agent

Name
APRIL CAPPS

Street Address (P.O. Box Number is Not Acceptable)
8719 W. BEAVER ST.

Suite, Apt. #, Etc.

City
JACKSONVILLE

State
FL Zip Code
32220

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

April Capps
REGISTERED AGENT MUST SIGN

Date _____

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	EDWIN H. CAPPS	8719 W. BEAVER ST.	JACKSONVILLE, FL 32220
AR	STACY M. CAPPS	8719 W. BEAVER ST.	JACKSONVILLE, FL 32220

REINSTATEMENT

2013 - 2014

S. HAWKES

JUL 11 A.M.

EXAMINER

11. E-mail Address: **SMCAPPS@YAHOO.COM**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of
Authorized Representative/Manager

April Capps Date _____ Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager

FILED

14 JUL 14 AM 11:25

*FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA*

CR2E041 (1/14)

4. State/Country of Formation
NV

5. Date Organized or Qualified
To Do Business in Florida
8/7/2008

6. FEI Number
432052167 Applied For
 Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

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