

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M08000003692**

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

Country

USA

Zip

32220

Country

USA

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

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

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

Date

Daytime Phone #

Typed or printed name of signing Authorized Representative/Manager