APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 NOV -2 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT #**M97000000671

COASTAL CREDIT, L.L.C.
P. O. Box 9410
Virginia Beach VA 23450-9410

If above mailing address is incorrect in any way, **line through incorrect information** and enter correction in Block 2a.

1a. Principal Place of Business Address
3852 Virginia Beach Blvd.
Virginia Beach VA 23452

2. Principal Place of Business		**2a.** Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	**3a.** State of Formation
10-8-97	Virginia

4. FEI Number
54-1859286
☐ Applied For
☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
CT Corporation System 1200 S. Pine Island Rd Plantation FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL

700002681467--6
-11/05/98--01085--005
****688.75 ****688.75

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 Kevin J. Gallagher, Assistant Vice President Date 10/29/98
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGR	John Rose	F.N.B. Corporation, Hermitage Square	Hermitage PA 16148
MGR	Michael Stout	81 Butternut Lane	Basking Ridge NJ 07920-3303
MGR	William E. McKnight	3852 Virginia Beach Blvd.	Virginia Beach VA 23452

REINSTATEMENT 98 dcc

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 W E McKnight Date 10-26-98 Daytime Phone # (757) 340-6000

Typed or printed name of signing ~~Managing Member~~/Manager William E. McKnight

CT CORPORATION SYSTEM

1025 Vermont Avenue, NW
Washington, DC 20005
Tel. 202 393 1747
Fax 202 393 1760

October 29, 1998

Registration Section
Department of State
409 Gaines Street
Tallahassee, FL 32399

RE: Coastal Credit, LLC

To whom it may concern:

Please file the enclosed document upon receipt. Evidence of the filing should be sent via US mail to:

Kimberly Little
Clark & Stant, PC
One Columubs Center
Virginia Beach, VA 23462.

If you have any questions or problems please call Kimberly Little at 757-473-5337. Thank you for your cooperation in this matter

Very truly yours,

CT Corporation System

Kristie Jenkins
Associate Customer Specialist