

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

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

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

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

10-8-97

Virginia

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

54-1859286

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

Zip

Country

Zip

Country

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

700002681467--6

-11/05/98-01085-005

****688.75 ****688.75

FL

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
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
dec

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:

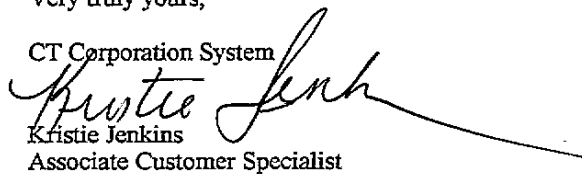
Please file the enclosed document upon receipt. Evidence of the filing should be sent via US mail to:

Kimberly Little
Clark & Stant, PC
One Columbus 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