

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000040464

1. Entity Name
EMERALD COAST CONVENIENCE STORES, INC.



FILED
06 NOV 28 11 8:14

Principal Place of Business
10247 HIGHWAY 98 WEST
DESTIN, FL 32541

Mailing Address
10247 HIGHWAY 98 WEST
DESTIN, FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



11202006 REIN:P CR2E098 (11/05)

4. FEI Number
59-3582013

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FARGUHAR, MELISSA
13 RED BAY COURT
SANTA ROSA BEACH, FL 32459

7. Name and Address of New Registered Agent

Name
Melissa Farguhar

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

16 Mario

City
SRB

FL

Zip Code
32459

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11-6-06

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KHAN, NOOR
10247 WEST HWY 98
DESTIN, FL 32541

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
BANILOHI, NASSER
10247 WEST HWY 98
DESTIN, FL 32541

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Tim Wyatt
10247 Hwy 98
Destin, FL 32541

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
300082099803
11/28/06--01034--002 **150.00

☐ Change

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TITLE
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Wyatt

11-6-06

Date

Daytime Phone #

B. Mitchell NOV 28 2006