

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

00000011759

1. Limited Liability Company's Name

Golfcoast Concrete Group, L.L.C.

2. Principal Office Address

5680 Jason Lee Place

Suite, Apt. #, etc.

3. Mailing Office Address

5680 Jason Lee Place

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip
34233

Country
USA

City & State

Sarasota, FL

Zip
34233

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

9-28-00

6. FEI Number

65-1048722

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

Michael D. Fudge

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

5680 Jason Lee Place

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code
34233

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

REGISTERED AGENT MUST SIGN

Date Sept. 28, 2004

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
D	Michael D. Fudge	5680 Jason Lee Place	Sarasota, FL 34233
			000041885460 10/14/04--01043--005 **305.00
			REINSTATEMENT 01-04
			9K

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

Date

9-28-04

Daytime Phone#

941-922-5499

Typed or printed name of signing Managing Member/Manager

Michael D. Fudge

CR2ED41 (10/02)