

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JAN -9 PM 12:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000016321

1. Limited Liability Company's Name

Emerald Coast Properties LLC

2. Principal Office Address

376 Santa Rosa Blvd

Suite, Apt. #, etc.

Suite 302

City & State

Ft Walton Beach, Fl

Zip

32548

Country

USA

3. Mailing Office Address

P.O. Box 113203

Suite, Apt. #, etc.

City & State

Metairie, LA.

Zip

70011-3203

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

10/4/02

6. FEI Number

#72-1513607

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

Braden K. Ball, Jr.

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

226 Palafox Place

Suite, Apt. #, Etc.

Ninth Floor

City

Pensacola

State

FL

Zip Code

32502

70002661042  
01/09/04--01062--013 \*\* \$5.00

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

*Braden K. Ball*

REGISTERED AGENT MUST SIGN

Date 1/6/04

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
MGR	Donald E. Bierman	376 Santa Rosa Blvd #302	Ft. Walton Bch, Fl 32548
MGR	Maureen F. Bierman	376 Santa Rosa Blvd #302	Ft. Walton Bch, Fl 32548

REINSTATEMENT

02-04  
*OR*

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

*Maureen F. Bierman*

Date 1/2/04

Daytime Phone# 504-899-6638

Typed or printed name of signing Managing Member/Manager Maureen Bierman

CR2E041 (10/02)