

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000016706

FILED

03 DEC 12 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1: DOCUMENT # L02000016706

Name and Mailing Address

0015988 01.MB 0.309 **AUTO T9 0 0615 32408-731804



EMERALD COAST DESIGN & CONSTRUCTION SERVICES, LLC
3704 THOMAS DRIVE
PANAMA CITY BEACH FL 32408-7318



US

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/15/2002	
Principal Place of Business 3704 THOMAS DRIVE PANAMA CITY BEACH FL 32408 US	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 04-3698251	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent EVANS, KIMBERLY D 3704 THOMAS DRIVE PANAMA CITY BEACH FL 32408	9. Name and Address of New Registered Agent Name Carl Dennis Evans Street Address (P.O. Box Number is Not Acceptable) 3704 Thomas Drive Panama City Bch City FL Zip Code 32408
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10. 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 Carl Dennis Evans Date 19 Nov 03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Secretary	Kimberly-D Evans	3704 Thomas Drive	Panama City Bch FL 32408

900024993009
11/24/03--01125--006 **150.00

REINSTATEMENT 12/19/03

12. 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 Carl Dennis Evans Date 19 Nov 03 Daytime Phone # 850 235 3012

Typed or printed name of signing Managing Member/Manager