

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 26 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L020000017692

1. Limited Liability Company's Name

Golden Coast Development LLC

2. Principal Office Address

23 Bradley Ct.
Suite, Apt. #, etc.

3. Mailing Office Address

120 Firestone Pt.
Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Duluth GA

Zip

32309

Country

USA

Zip

30097

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

90-0081894

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

William R Waters

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

23 Bradley Court
Suite, Apt. #, Etc.

City

Crawfordville, FL

State

FL

Zip Code

32309

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

William R Waters

REGISTERED AGENT MUST SIGN

Date

4/17/04

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	Jeff Dykes	23 Bradley Court	Crawfordville/FL/32309
Mgr	William R Waters	703 N. Monroe	Tallahassee/FL/32303
Mgr/M	Gordon Stark	120 Firestone Pt	Duluth/GA/30097

REINSTATEMENT

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

Gordon D Stark

Date

3/23/04

Daytime Phone #

678-640-4810

Typed or printed name of signing Managing Member/Manager