

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

Division of Corporations

1. DOCUMENT # L02000019831

Name and Mailing Address

0017239 01 FP 0.352 **PRSRT T3 D 0615 32561

GALE FORCE INDUSTRIES, LLC
208 VIA DELUNA DRIVE
PENSACOLA BEACH FL 32561



REINSTATEMENT 2003-2004

2. New Mailing Address 518 E. Government St. Pensacola, FL 32502		4. State/Country of Formation FL	
Principal Place of Business 208 VIA DELUNA DRIVE PENSACOLA BEACH FL 32561		5. Date Organized or Qualified To Do Business in Florida 08/05/2002	
3. New Principal Place of Business Address 518 E. Government St. Pensacola, FL 32502		6. FEI Number 03-0490028	
		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 RICHARDSON, MCCALL 208 VIA DELUNA DRIVE PENSACOLA BEACH FL 32561		9. Name and Address of New Registered Agent Name: McCall Richardson Street Address (P.O. Box Number is Not Acceptable): 518 E. Government St. City: Pensacola FL Zip Code: 32502	
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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: *McCall Richardson* REGISTERED AGENT MUST SIGN Date: 8-19-04

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
MGR	McCall Richardson	518 E. Government St.	Pensacola, FL 32502

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: *McCall Richardson* REGISTERED AGENT MUST SIGN Date: 8-19-04 Daytime Phone #: 850 232 9099

Typed or printed name of signing Managing Member/Manager: McCall Richardson

CR2E034 (7/03)