

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF
 Linda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

Name and Mailing Address

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SECRETARY OF STATE
WASHINGTON, D.C. 20520

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GULF COAST XPRESS, LLC.

P.O. BOX 542

POLK CITY FL 33868-0542

US

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 08/19/2002	
Principal Place of Business 5118 ISLANDVIEW CIR POLK CITY FL 33868 US	3. New Principal Place of Business Address		6. FEI Number 06-1714129
	City, State, Zip		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 THOMPSON, MICHAEL W 5118 ISLANDVIEW CIR POLK CITY FL 33868		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 000025884650 02/13/04--01017--005 **\$0.00 City FL Zip Code	
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 <u>Michael W Thompson</u> REGISTERED AGENT MUST SIGN Date <u>12-28-03</u>			
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
Pres.	Michael W Thompson	5118 Islandview Cir Polk city	Polk city fl 33868
			000025884650 12/31/03--01029--008 **\$150.00
		REINSTATEMENT <u>2003-2004</u>	
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 <u>Michael W Thompson</u> REGISTERED AGENT MUST SIGN		Date <u>12-28-03</u> Daytime Phone # <u>863-255-7860</u>	
Typed or printed name of signing Managing Member/Manager			