

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000019356 1. Entity Name COASTAL ENVIRO SERV, LLC					
Principal Place of Business 1386-B SHORELINE DRIVE GULF BREEZE, FL 32561			Mailing Address 1386-B SHORELINE DRIVE GULF BREEZE, FL 32561		
2. Principal Place of Business P.O. Box 1267 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1267 Suite, Apt. #, etc.			
City & State Gulf Breeze, FL		City & State Gulf Breeze, FL			
Zip 32561		Zip 32561			
Country USA		Country USA		4. FEI Number 611451694	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OWENS, DAVID L JR. 1386-B SHORELINE DRIVE GULF BREEZE, FL 32561			7. Name and Address of New Registered Agent Name Elmer E. Baker Jr. Street Address (P.O. Box Number is Not Acceptable) 801 MALDONADO RD. City PENSACOLA BEACH FL Zip Code 32561		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE Nov. 03, 2004 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete MANAGING MEMBER Elmer E. Baker Jr. 801 MALDONADO Rd. PENSACOLA Beach, FL 32561		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100042606741 11/09/04--01071--004 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			DATE Nov. 03, 2004 (850) 916-4393		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT