PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAR -2 PM 4:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000033421

1. Corporation Name
Gulf Coast Resources LLC

2. Principal Office Address	3. Mailing Office Address
9 Springview Dr.	P.O. Box 548
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville Fl.	City & State: Crawfordville Fl.
Zip: 32327 Country: WAKulla	Zip: 32326 Country: Wakulla

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 26-0268799 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JoAnn Richards

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

100066989881
03/03/06--01002--012 **150.00

Suite, Apt. #, Etc.

City: Crawfordville | State: FL | Zip Code: 32327

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: JoAnn Richards — REGISTERED AGENT MUST SIGN — Date: 3-2-06

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
mgrm	Anthony Abercrombie	9 Springview Dr.	Crawfordville Fl 32327
mgrm	JoAnn Richards	9 Springview Dr.	Crawfordville, Fl 32327

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: JoAnn Richards — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 3-2-06 — Daytime Phone #

March 2, 2006

Did not Receive 2004, 2005

Renewal card.

Polk County Rum LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA