

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 OCT -5 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000000892

1. Limited Liability Company's Name

FIRST COAST SPECIALTY MAINTENANCE LLC.

2. Principal Office Address - No P.O. Box #

30 Ocean Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 871

Suite, Apt. #, etc.

City & State

St. Augustine, FL.

City & State

St. Augustine, FL.

Zip

Country

32080-7450 U.S.

Zip

Country

32085-0871 U.S.

4. State/Country of Formation

FL. / U.S.

5. Date Organized or Qualified To Do Business in Florida

1999

6. FEI Number

59 3602941

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

ROCKE JAMES BROWN

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

30 Ocean Dr.

Suite, Apt. #, Etc.

City

St. Augustine

State

FL

Zip Code

32080-7450

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 9/26/2007

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
<u>MEM</u>	<u>Rocke J. Brown</u>	<u>P.O. Box 871</u>	<u>St. Augustine, FL 32085</u>

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10/09/07--01012--007 **105.00

REINSTATEMENT

OK OK
Must

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

[Signature]

Date 9/26/2007

Daytime Phone # (904) 540-0562

Typed or printed name of signing Managing Member/Manager

ROCKE J. BROWN