

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

200.00  
9-16-05

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR 17 AM 10:08

**DOCUMENT #**

L04000006938

**1. Limited Liability Company's Name**

Gulf Coast Construction Co. LLC.

CR2E041 (8/05)

**2. Principal Office Address**

2993 Holmes Valley RD.

Suite, Apt. #, etc.

City & State

vernon FL.

Zip

32462

Country

washington

**3. Mailing Office Address**

2993 Holmes Valley RD.

Suite, Apt. #, etc.

City & State

vernon, FL.

Zip

32462

Country

washington

**4. State/Country of Formation**

washington

**5. Date Organized or Qualified  
To Do Business in Florida**

6/10/04

**6. FEI Number**

200646641

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

marcus whiddon

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

2993 Holmes Valley RD.

Suite, Apt. #, Etc.

City

vernon

State

FL

Zip Code

32462

**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 2/8/06

**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
owner	marcus whiddon	2993 Holmes Valley RD.	vernon FL. 32462

500069535615  
04/05/06--01032--019 \*\*200.00

REINSTATEMENT 05-06

**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 2/8/06

Daytime Phone # 850-258-9868

Typed or printed name of signing Managing Member/Manager

marcus whiddon