

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAR -5 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L04000014024

Coastal Resources Engineering, LLC

CR2E041 (1/07)

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

302 Glenridge St

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 1034

Suite, Apt. #, etc.

City & State

Perry, FL

Zip Country

32348

City & State

Perry, FL

Zip Country

32348

4. State/Country of Formation

FL / TAYLOR

5. Date Organized or Qualified

To Do Business in Florida 2-11-04

6. FEI Number

200685409

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

John K. Gentry

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

302 Glenridge St.

Suite, Apt. #, Etc.

City

Perry

State

FL

Zip Code

32348

☒ 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

John K. Gentry

REGISTERED AGENT MUST SIGN

Date 26-Feb-07

**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
member	John K. Gentry	302 Glenridge St	Perry, FL 32348

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

John K. Gentry

Date 26-Feb-07

Daytime Phone # 850/672-0145

Typed or printed name of signing Managing Member/Manager

John K. Gentry