


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000016362			
1. Entity Name ADVANCED CONCRETE COATINGS, "LLC"			
Principal Place of Business 172 VICKIE LANE DE FUNIAK SPRINGS, FL 32433 US		Mailing Address 172 VICKIE LANE DE FUNIAK SPRINGS, FL 32433 US	
2. Principal Place of Business - No P.O. Box # 21504 # 11 Front Beach		3. Mailing Address 21504 # 11 Front Beach	
Suite, Apt. #, etc. Panama City Beach Fl.		Suite, Apt. #, etc. Panama City Beach	
City & State Florida		City & State Florida	
Zip 32413		Zip 32413	
Country US		Country US	
6. Name and Address of Current Registered Agent  CALHOUN, VANISSA L 172 VICKIE LANE DE FUNIAK SPRINGS, FL 32433		7. Name and Address of New Registered Agent Name Vanissa L Calhoun Street Address (P.O. Box Number is Not Acceptable) 21504 # 11 Front Beach Rd Panama City Beach City Panama City Beach FL Zip Code 32413	
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 <i>Vanissa Calhoun</i>		SIGNATURE <i>Vanissa Calhoun</i>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 6-12-07		DATE 6-12-07	
<b>FILE NOW!!! FEE IS \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALHOUN, VANISSA L 172 VICKIE LANE DE FUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  600104889836 06/26/07--01049--023 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CALHOUN, JUSTIN S 172 VICKIE LANE DE FUNIAK SPRINGS, FL 32433 <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	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	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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>REINSTATEMENT 06-07</b>
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  AL
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Vanissa Calhoun</i>		SIGNATURE: <i>Vanissa Calhoun</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE</small>	
6-12-07		850-230-5306	
		<small>Daytime Phone #</small>	

FILED

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06142007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
45-0535038

Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required