

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 DEC 29 AM 8:25

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L04000080418**

1. Limited Liability Company's Name

FLORIDA COASTAL LABS, LLC

2. Principal Office Address

5401 SOUTH KIRKMAN ROAD

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 310

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

Zip

32819

Country

ORANGE

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

11/01/2004

6. FEI Number

20-1857089

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

DICKINSON, DAVID L

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

433 MOORE PARK LANE

200062472722

12/29/05--01040--002 \*\*150 00

Suite, Apt. #, Etc.

City

MERRITT ISLAND

State

FL

Zip Code

32952

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

*David L. Dickinson*

REGISTERED AGENT MUST SIGN

Date

12/28/05

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
MGR	DICKINSON, DAVID	433 MOORE PARK LANE	MERRITT ISLAND, FL 32952
MGR	CUMMINS, BARRY	1203 EGRET AVENUE	FT. PIERCE FL 34982
MGR	CREASEY, DAVID	505 FAIRWAY CIRCLE APARTMENT 306A	VERO BEACH FL 77372
MGR	SMITH, RUSSELL M	5401 SOUTH KIRKMAN ROAD, SUITE 310	ORLANDO FL 32819

REINSTATEMENT

2005

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

*David L. Dickinson*

Date

12/28/05

Daytime Phone #

321 639 0771

Typed or printed name of signing Managing Member/Manager

DAVID L. DICKINSON