


# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:29

<b>DOCUMENT # L04000085189</b>					
<b>1. Entity Name</b> EAST COAST CORE DRILLING LLC					
<b>Principal Place of Business</b> 1408 N DEXTER DR PORT ORANGE, FL 32129			<b>Mailing Address</b> 1408 N DEXTER DR PORT ORANGE, FL 32129		
<b>2. Principal Place of Business</b> SAME		<b>3. Mailing Address</b> SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-1917683	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  GIGLIO, BEN M 1408 N DEXTER DR PORT ORANGE, FL 32129			<b>7. Name and Address of New Registered Agent</b> Name: SAME Street Address (P.O. Box Number is Not Acceptable)  City: FL Zip Code		
<b>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.</b> SIGNATURE: <u>BEN M. GIGLIO</u> <u>BEN M. GIGLIO</u> <u>12/20/06</u> <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2007, Fee will be \$100.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIGLIO, BEN M 1408 N DEXTER DR PORT ORANGE, FL 32129	<input type="checkbox"/> Delete			
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<b>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.</b> SIGNATURE: <u>BEN M. GIGLIO</u> <u>BEN M. GIGLIO</u> <u>12/20/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					