

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000055052

1. Limited Liability Company's Name

Gulf Coast Eagle Investments LLC

10 JUN 30 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2008-10 SCH

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 220 Sparrow		3. Mailing Office Address 102 Cristins Curve	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St Joe, FL		City & State Port St Joe, FL	
Zip 32456	Country USA	Zip 32456	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida May 26, 2005	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Deborah S. Ashbrook			
Street Address (P.O. Box Number is Not Acceptable) 220 Sparrow			
Suite, Apt. #, Etc.			
City Port St Joe	State FL	Zip Code 32456	

300182091783
06/15/10--01013--012 **298.75

300182091783
06/22/10--01006--001 **277.50

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 *Deborah S. Ashbrook*
REGISTERED AGENT MUST SIGN

Date 6/24/10

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
Mgrm	David A. Ashbrook	102 Cristins Curve	Port St Joe, FL 32456
Mgrm	Deborah S. Ashbrook	102 Cristins Curve	Port St Joe, FL 32456
Mgrm	Andrew J. Rowell Jr	701 Nautilus Dr	Port St Joe, FL 32456
Mgrm	Amy L. Eubanks	705 Paddock Club Dr	Panama City Beach, FL 32407

11. E-mail Address: debbie@ashbrook.com

(To be used for future annual report notifications)

12. 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 *Deborah S. Ashbrook* Date 6/24/10 Daytime Phone # 850 647-3639
Typed or printed name of signing Managing Member/Manager Deborah S. Ashbrook