

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 27 PM 2:54

DOCUMENT # L05000118113

1. Limited Liability Company's Name

Gulf Coast Notary Services LLC

000118952160
02/27/08--01039--010 **521.25

CR2E041 (12/07)

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

2711 Providence Blvd
Suite, Apt. #, etc.

3. Mailing Office Address

2111 Providence Blvd.
Suite, Apt. #, etc.

City & State

Deltona FL

City & State

Deltona, FL

Zip

32724

Country

USA

Zip

32725

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

12/5/05

6. FEI Number

NA

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

Erik C. Winkle

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

2711 Providence Blvd

Suite, Apt. #, Etc.

City

Deltona

State

FL

Zip Code

32725

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

Erik C. Winkle

REGISTERED AGENT MUST SIGN

Date 2/22/08

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	Erik C. Winkle	2711 Providence Blvd. Deltona, FL 32725	Deltona FL 32725

all's
REINSTATEMENT
06-08
Winkle

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

Erik C. Winkle

Date 2/22/08

Daytime Phone# 386-479-7471

Typed or printed name of signing Managing Member/Manager

Erik C. Winkle