

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 FEB -8 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000011465

1. Limited Liability Company's Name

Emerald Coast Homebuilders LLC

900193629059
02/08/11--01020--009 **591.25

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # <u>5533 Mayfair Cir</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>5533 Mayfair Cir</u> Suite, Apt. #, etc.	
City & State <u>Pensacola FL</u>		City & State <u>Pensacola</u>	
Zip <u>32506</u>	Country <u>USA</u>	Zip <u>32506</u>	Country <u>USA</u>

4. State/Country of Formation <u>Florida</u>	
5. Date Organized or Qualified To Do Business in Florida <u>2/1/2006</u>	
6. FEI Number <u>90-0447781</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Christopher Newman</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>5533 Mayfair Cir</u>			
Suite, Apt. #, Etc.			
City <u>Pensacola</u>	State <u>FL</u>	Zip Code <u>32506</u>	

E-mail Address:

ech1@cox.net
(To be used for future annual report notices)

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

[Signature]

Date 2-8-1011

REGISTERED AGENT MUST SIGN

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
<u>MGRM</u>	<u>Christopher Newman</u>	<u>5533 Mayfair Cir</u> <u>Pensacola FL 32506</u>	<u>Pensacola FL 32506</u>
<u>MGRM</u>	<u>Harold Page</u>	<u>38 South Blue Angel Pkwy</u> <u>Pensacola, FL 32506</u>	<u>Suite 385 32506</u> <u>Pensacola, FL</u>
REINSTATEMENT <u>09-11</u>			

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

[Signature]

Date 2-8-1011

Daytime Phone # 850 293 4306

Typed or printed name of signing Managing Member/Manager Christopher Newman