

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB -9 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000043372

1. Limited Liability Company's Name

VAST CCP, LLC

000168242110  
02/08/10--01062--009 \*\*516.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 432 Bouchelle Island Blvd. #101 Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State New Smyrna Beach, FL		City & State	
Zip 32169	Country USA	Zip	Country

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 4/24/2006	
6. FEI Number 11-3778412	Applied For 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 HARLAN R. VASTINE		
Street Address (P.O. Box Number is Not Acceptable) 432 Bouchelle Island Boulevard #101		
Suite, Apt. #, Etc.		
City New Smyrna Beach,	State FL	Zip Code 32169

☒ 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

*Harlan R. Vastine*

REGISTERED AGENT MUST SIGN

Date 2-3-10

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	HARLAN R. VASTINE	432 Bouchelle Island Bld. #101	New Smyrna Beach FL 32169

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11. E-mail Address:

(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

*Harlan R. Vastine*

Date 2-3-10

Daytime Phone # 2-3-10

Typed or printed name of signing Managing Member/Manager

HARLAN R. VASTINE

386-689-0898