

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000035756

FILED
Nov 03, 2008
Secretary of State

Entity Name: COASTAL WATERJET, LLC

Current Principal Place of Business:

5555 W. LINEBAUGH AVENUE, SUITE 200
TAMPA, FL 33624

New Principal Place of Business:

5555 W. LINEBAUGH AVENUE
STE. 100
TAMPA, FL 33624

Current Mailing Address:

5555 W. LINEBAUGH AVENUE, SUITE 200
TAMPA, FL 33624

New Mailing Address:

5555 W. LINEBAUGH AVENUE
STE. 100
TAMPA, FL 33624

FEI Number: 26-0643264 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WALKER, DOUG
5555 W. LINEBAUGH AVENUE, SUITE 200
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

WALKER, DOUG
5555 W. LINEBAUGH AVENUE
STE. 100
TAMPA, FL 33624 US

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.

SIGNATURE: DOUG WALKER

11/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALKER, DOUG
Address: 5555 W. LINEBAUGH AVENUE, SUITE 200
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALKER, DOUG
Address: 5555 W. LINEBAUGH AVENUE, SUITE 100
City-St-Zip: TAMPA, FL 33624

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

SIGNATURE: DOUG WALKER

MM

11/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date