
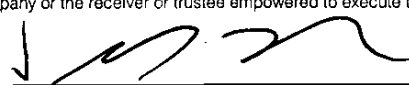


## 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED

08 NOV -4 PM 5:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L07000048999</b> 1. Entity Name COASTAL DRYING SYSTEMS LLC					
Principal Place of Business 4865 POST POINTE DRIVE SARASOTA, FL 34233 US			Mailing Address 4865 POST POINTE DRIVE SARASOTA, FL 34233 US		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	10282008 REIN-LLC CR2E101 (1/07)	
4. FEI Number <b>20-8783375</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>  PUSTHAVER, GRAHAM 4865 POST POINTE DRIVE SARASOTA, FL 34233			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PUSTHAVER, GRAHAM 4865 POST POINTE DRIVE SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900137567719</b> 11/03/08--01043--010 **\$138.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALINSKI, BARRY E 683C ESTERO BLVD. FORT MYERS BEACH, FL 33931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANGER, CHERYL A 4865 POST POINTE DRIVE SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANGER, CHERYL A 4865 POST POINTE DRIVE SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BELANGER, CHERYL A 4865 POST POINTE DRIVE SARASOTA, FL 34233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 			Date: <b>10/28/08</b>		Daytime Phone #: <b>944-827-1546</b>

REINSTATEMENT

2008