

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000122983

**FILED  
Oct 20, 2009  
Secretary of State**

**Entity Name:** BULL GATOR ARCHAEOLOGICAL, LLC

**Current Principal Place of Business:**

10418 SKYCREST DRIVE NORTH  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

10418 SKYCREST DRIVE NORTH  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number:  FEI Number Applied For ( )  FEI Number Not Applicable (X)  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:**

SAIS, DEAN  
10416 SKYCREST DRIVE NORTH  
JACKSONVILLE, FL 32246 US

**Name and Address of New Registered Agent:**

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: /L. JACK GIBNEY/

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  Delete  
Name: SAIS, DEAN  
Address: 10416 SKYCREST DRIVE N.  
City-St-Zip: JACKSONVILLE, FL 32246 US

**ADDITIONS/CHANGES:**

Title:  Change  Addition  
Name:  
Address:  
City-St-Zip:

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: /DEAN SAIS/

MGR

10/20/2009

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