


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

①

<b>LIMITED LIABILITY COMPANY</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
<b># REINSTATEMENT</b>		<b>Katherine Harris</b> Secretary of State
<b>50.00</b>		DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 19 PM 11:02

*[Handwritten signature]*

700003459087--0  
-11/09/00--01082--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

**DOCUMENT # L96000001117**

**1. Limited Liability Company's Name**  
**C+D SANDS, L.L.C.**

<b>2. Principal Office Address</b> <b>118 Woodlawn Drive</b> Suite, Apt. #, etc.	<b>3. Mailing Office Address</b> <b>118 Woodlawn Drive</b> Suite, Apt. #, etc.
<b>City &amp; State</b> <b>PANAMA City Beach, FLA</b> Zip <b>32407</b> Country <b>BAY</b>	<b>City &amp; State</b> <b>PANAMA City Beach, FLA</b> Zip <b>32407</b> Country <b>BAY</b>

<b>4. State/Country of Formation</b>	<b>5. Date Organized or Qualified To Do Business in Florida</b>
<b>6. FEI Number</b> <b>62-1182738</b>	Applied For Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee required for a Certificate of Status</b>

**8. Name and Address of Current Registered Agent**

Name  
**DONNEIL P. MCKEAN**

Street Address (P.O. Box Number is Not Acceptable)  
**118 WOODLAWN DRIVE**

Suite, Apt. #, Etc.

**PANAMA CITY BEACH, FLA** State **FL** Zip Code **32407**

**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 \_\_\_\_\_ Date \_\_\_\_\_

**REGISTERED AGENT MUST SIGN**

<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MCKEAN, DONNEIL P.	118 WOODLAWN DR PANAMA CITY BEACH, FLA 32407	
MGRM	MCKEAN, CYNTHIA G.	118 WOODLAWN DR PANAMA CITY BEACH, FLA 32407	
MGRM	MCKEAN, JANETTE F.	3224 EXECUTIVE PARK CIRCLE MOBILE, ALABAMA 36606	

**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.**

Signature of Managing Member/Manager **Donnel P. McKean** Date **10-16-00** Daytime Phone # **850-233-2714**

Typed or printed name of signing Managing Member/Manager **DONNEIL P. MCKEAN**

CR2E041 (9/00)