


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT UBR		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 NOV -5 PM 12:17 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # L 96000001117					
1. Limited Liability Company's Name G & D SANDS, L.L.C.					
2. Principal Office Address 118 WOODLAWN DRIVE PANAMA CITY BEACH, FLA. Suite, Apt. #, etc.		3. Mailing Office Address 118 WOODLAWN DR. Suite, Apt. #, etc.		4. State/Country of Formation	
City & State PANAMA CITY BEACH, FLA		City & State PANAMA CITY BEACH, FLA		5. Date Organized or Qualified To Do Business in Florida	
Zip 32407	Country BAY	Zip 32407	Country BAY	6. FEI Number 62-1182738	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$3.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name DONNEL P. MCKEAN					
Street Address (P.O. Box Number is Not Acceptable) 118 WOODLAWN DRIVE					
Suite, Apt. #, Etc.					
PANAMA CITY BEACH				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 Daniel P. McKean					
Date					
REGISTERED AGENT MUST SIGN					
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	
mcm	MCKEAN, DONNEL P	118 WOODLAWN DRIVE		PANAMA CITY BEACH, FLA 32407	
mcm	MCKEAN, CYNTHIA G.	118 WOODLAWN DRIVE		PANAMA CITY BEACH, FLA 32407	
mcm	MCKEAN, JANETTE F	3224 EXECUTIVE PARK CIRCLE		MOBILE, ALA 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 made under oath.					
Signature of Managing Member/Manager Cynthia G. McKean					
Typed or printed name of signing Managing Member/Manager CYNTHIA G. MCKEAN					

CR2ED41 (9/01)