

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10:13

DOCUMENT # L98000001624

1. Limited Liability Company's Name
Gulf Coast Countertops, LC

2. Principal Office Address
7104 East 9th Ave

Suite, Apt. #, etc.

3. Mailing Office Address
4034 N. Davis Hwy

Suite, Apt. #, etc.

City & State
Tampa FL

Zip Country
33619 U.S.

City & State
Pensacola, FL

Zip Country
32503 US

4. State/Country of Formation
Florida, US

5. Date Organized or Qualified To Do Business in Florida
8/27/98

6. FEI Number
593528004

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
LISA BLACK

Street Address (P.O. Box Number is Not Acceptable)
4034 N. Davis Hwy

Suite, Apt. #, Etc.

City
Pensacola

State
FL

Zip Code
32503

REINSTATEMENT 02-05

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 [Signature] Date 1/27/05

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
MGRM	Neal W Braxton	4087 Bell Lane	Pensacola, FL 32503
MGRM	Glavon F Smith	3051 NE 183rd St	Miami, FL 31001

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 Neal Braxton Date 1/27/05 Daytime Phone # 850 432-7895

Typed or printed name of signing Managing Member/Manager Neal W Braxton

CR2EM1 (10/02)