

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 OCT 31 AM 11:01

DOCUMENT # L99000001880

1. Limited Liability Company's Name

Gulfcoast photodesign,  
LLC

400061043984

10/31/05--01045--017 \*\*405.00

2. Principal Office Address

19823 Gulf Blvd

Suite, Apt. #, etc.

# 39

City & State

Indian Shores, FL

Zip

33785

Country

US

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

33785

Country

US

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

1995

6. FEI Number

59-3569664

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

James miesz

Street Address (P.O. Box Number is Not Acceptable)

19823 Gulf Blvd #39

Suite, Apt. #, Etc.

39

City

Indian Shores

State

FL

Zip Code

33785

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

8/16/05

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
CEO	Richard McIntosh	<del>251 Bluffview Dr. Belleair Bluffs, FL.</del> 251 Bluffview Dr. Belleair Bluffs, FL.	Belleair Bluffs, FL.

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

*[Signature]*

Date

8/17/05

Daytime Phone #

727-645-5227

Typed or printed name of signing Managing Member/Manager

Richard McIntosh

CR2E041 (10/02)