

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -4 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000920

Name and Mailing Address

0016641 01.MB 0.309 **AUTO T1 0 0615 70151-111818



BEAN STUYVESANT, L.L.C.
P.O. BOX 51118
NEW ORLEANS LA 70151-1118



2. New Mailing Address

City, State, Zip

Principal Place of Business

1055 ST. CHARLES AVE.
SUITE 520
NEW ORLEANS LA 70130

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified
To Do Business in Florida

08/21/1998

6. FEI Number

72-1422525

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box)
11204203-01043-002 **150.00

City

FL

Zip Code

10. 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

REGISTERED AGENT REQUIRED
Jennifer K. Miller
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 10-30-03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANCIL S. TAYLOR, JR. Ancil S. Taylor, Jr.	3840 LAKE LYNN DRIVE	GRETN LA 70056
MGR	BART PROPPER Rinus van de Ven	68 YELLOWSTONE DRIVE	NEW ORLEANS LA 70131
MGR	HOFFMAN, WILLIAM D	4101 YENBOME PLACE 137 14th Street	NEW ORLEANS LA 70125 New Orleans, LA 70124
MGRM	DREDGING, BEAN LLC	1055 ST CHARLES AVENUE SUITE 500	NEW ORLEANS LA 70130
MGR	James W. Bean	6025 Garfield Street	New Orleans, LA 70118

12. 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

REGISTERED AGENT REQUIRED
William D. Hoffman

Date 10-27-03 Daytime Phone # 504-587-8602

Typed or printed name of signing Managing Member/Manager

William D. Hoffman

CR2E084 (7/03)