

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 APR 20 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142005 REIN-P CR2E098 (6/04) *MRS*

DOCUMENT # P03000147578 1. Entity Name ATLANTIC COASTAL ENGINEERING, INC.					
Principal Place of Business 3170 SE LAAWLER ST. PORT ST. LUCIE, FL 34952			Mailing Address 3170 SE LAAWLER ST. PORT ST. LUCIE, FL 34952		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 90-0133967			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent CARRIGAN, RAY 3170 SE LAAWLER ST. PORT ST. LUCIE, FL 34952			7. Name and Address of New Registered Agent Name Steven L. Perry Street Address (P.O. Box Number is Not Acceptable) 2400 SE Federal Highway, Fourth Floor City Stuart FL 34994		
8. The above named entity submits this statement for the purpose of changing its registered office or principal agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>SV</i></u> REINSTATEMENT 04-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David H. Corrigan, Sr. 5485 Orchid Bay Drive Palm City, FL 34990 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Raymond M. Corrigan 2161 Midtown Lane Port St. Lucie, FL 34952 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;">100054667531</div> <div style="text-align: center;">05/17/05--01027--007 **908.75</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Stuart McGahee 407 NE Pecos Way Jensen Beach, FL 34957 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<div style="text-align: right;"> <i>4/18/05</i> <small>Date</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>		