


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000084336

1. Entity Name
EMERALD COAST SPECIALTIES, INC.




FILED

06 DEC -8 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business HWY 77 (6923) SOUTHPORT, FL 32409 US	Mailing Address P.O. BOX 8080 SOUTHPORT, FL 32409 US
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



REINSTATEMENT

10232009 REIN-P CR2ED98 11/05

4. FEI Number 59-3281504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MCCANCE, MARTHA A
7517 NORTH DEER HAVEN RD
PANAMA CITY, FL 32409**

7. Name and Address of New Registered Agent

Name **Rebecca J Gilbert**

Street Address (P.O. Box Number is Not Acceptable)
7517 North Deer Haven Road

City **Southport** State **FL** Zip Code **32409**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Rebecca J Gilbert* DATE 12-1-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2007, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME TOOLE, ROGER B <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7517 NORTH DEER HAVEN ROAD	CITY-ST-ZIP SOUTHPORT, FL 32409	900081177579 10/25/06--01009--001 **750.00	
TITLE ST	NAME GILBERT, REBECCA J <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7517 NORTH DER HAVEN RD	CITY-ST-ZIP SOUTHPORT, FL 32409		
TITLE V	NAME TOOLE, SARA L <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7517 NORTH DEER HAVEN ROAD	CITY-ST-ZIP SOUTHPORT, FL 32409		
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete	NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete	CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Rebecca J Gilbert* Rebecca J Gilbert DATE 10-23-06 DAYTIME PHONE # 850-271-0505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

G. Mitchell DEC - 8 2006