PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 24 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000001595

1. Limited Liability Company's Name

BEACH VIEW CAPITAL, L.L.C.

2. Principal Office Address	**3.** Mailing Office Address
3434 Fiddlers Bend	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fernandina Beach, FL	City & State
Zip: 32034 Country: U.S.A.	Zip Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/9/00

6. FEI Number: 59-3633737 ☐ 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: Dennis L. Blackburn

Street Address (P.O. Box Number is Not Acceptable): Blackburn & Company, L.C.

Suite, Apt. #, Etc.: 5150 Belfort Road South, Building 500

City: Jacksonville State: FL Zip Code: 32256

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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: Dennis L. Blackburn REGISTERED AGENT MUST SIGN

REINSTATEMENT

Date: 12/20/01

CR2E041 (9/01)

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
MGR	Elizabeth S. Winship	3434 Fiddlers Bend	Fernandina Beach, FL 32034
MGR	Tannis W. Parker	188 Harbor Point Drive	Brunswick, GA 31523
MGR	Douglas A. Winship	2200 Ashbury Close	Powell, OH 43065
MGR	J. D. Cameron Winship	7911 James Island Trail	Jacksonville, FL 32256
MGR	Emory S. Winship	8 Turtle Rock Court	Tiburon, ~~Tiburow~~, CA 94920

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: 12-21-01 Daytime Phone #: (912) 265-8982

Typed or printed name of signing Managing Member/Manager: Tannis W. Parker