

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  
04 FEB 19 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. DOCUMENT # L02000012643  
Name and Mailing Address

0002523 01 AT 0.292 \*\*AUTO T1 0 0615 32550-382654  
BEACHSAND PROPERTIES, L.L.C.  
354 DRIFTWOOD ROAD #12  
DESTIN FL 32550-3826

MJH



2/19

2. New Mailing Address <i>2120 CARRIAGE STATION DR.</i>		4. State/Country of Formation FL	
City, State, Zip <i>BATAVIA, OH. 45103</i>		5. Date Organized or Qualified To Do Business in Florida 05/23/2002	
Principal Place of Business 354 DRIFTWOOD ROAD #12 DESTIN FL 32550	3. New Principal Place of Business Address City, State, Zip		6. FEI Number <i>01-0698038</i>
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN FL 32541		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>700024863337</i> <i>11/19/03--01068--002 **150.00</i> City FL Zip Code	
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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 *[Signature]* **SIGNATURE REQUIRED** Date *11-18-03*  
(REGISTERED AGENT MUST SIGN)

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
MGRM	JAMES DUREN	354 DRIFTWOOD RD. #12	DESTIN, FL. 32550
MGRM	JAMES W. SUTTLES	2120 CARRIAGE STATION DR.	BATAVIA, OH. 45103
			<i>700024863337</i> <i>02/19/04--01015--013 **50.00</i>

REINSTATEMENT 2003-2004

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 *[Signature]* **SIGNATURE REQUIRED** Date *11/10/03* Daytime Phone # *513-732-1570*  
Typed or printed name of Managing Member/Manager *JAMES W. SUTTLES*

CR2E084 (7/03)