

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
15 FEB 26 AM 10:07  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Document#1 L04000033988  
Beach Holding, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box # 8404 NW 103rd Street Suite, Apt. #, etc.		3. Mailing Office Address 8404 NW 103rd Street Suite, Apt. #, etc.	
City & State Hialeah Gardens, FL		City & State Hialeah Gardens, FL	
Zip 33018	Country US	Zip 33018	Country US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida  
5/04/2004

6. FEI Number 470953529	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  
CMS International Enterprises, Inc.

Street Address (P.O. Box Number is Not Acceptable)  
550 Billmore Way  
Suite, Apt. #, Etc.  
200

City Coral Gables	State FL	Zip Code 33134
----------------------	-------------	-------------------

100269570671  
02/16/15--01009--012 \*\*561.25

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent \_\_\_\_\_ Date 2/06/2015  
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Beach Enterprises, LLC	8404 NW 103rd St	Hialeah Gardens/FL/33018
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
<u>2013-2015</u>			FEB 17 AM.
			<b>EXAMINER</b>

11. E-mail Address csamlut@samlut.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager \_\_\_\_\_ Date 2/06/15 Daytime Phone # 305-231-5700  
Typed or printed name of signing Authorized Representative/Manager Silvia Santana