

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 DEC -1 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/26/11--01014--025 **238.75

300214665263
11/28/11--01060--008 **416.25

DOCUMENT # L07000059066

1. Limited Liability Company's Name

Beck Communications, LLC

2. Principal Office Address - No P.O. Box #
2210 Ocean Walk Drive

Suite, Apt. #, etc.

3. Mailing Office Address
2210 Ocean Walk Drive

Suite, Apt. #, etc.

City & State
Atlantic Beach, Florida

Zip
32233

Country
US

City & State
Atlantic Beach, Florida

Zip
32233

Country
US

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida 06/05/2007

6. FEI Number
26-0302240

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
Peter Beckenbach

Street Address (P.O. Box Number is Not Acceptable)
2210 Ocean Walk Drive

Suite, Apt. #, Etc.

City
Atlantic Beach

State Zip Code
FL 32233

E-mail Address:

pbeckenbach@hotmail.com

(To be used for future annual report notices)

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 *Peter M. Beckenbach*

Date 9/15/11

REGISTERED AGENT MUST SIGN

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	Peter Beckenbach	2210 Ocean Walk Drive	Atlantic Beach, Florida 32233

REINSTATEMENT 09/11

Signature

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 808.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager *Peter Beckenbach*

Date 9/15/11

Daytime Phone # 904-654-1083

Typed or printed name of signing Managing Member/Manager Peter Beckenbach