


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

2012 DEC 14 PM 3:09
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

CR2ED41 (1/11)

DOCUMENT # L07000082617

1. Limited Liability Company's Name
 Sanctuary Beach, LLC

2. Principal Office Address - No P.O. Box # 37 Palmer Lane		3. Mailing Office Address P.O. Box 1417	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State East Dennis, MA		City & State East Dennis, MA	
Zip 02641	Country USA	Zip 02641	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 8/13/2007	
6. FEI Number 281393338	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status.	

8. Name and Address of Current Registered Agent

Name
 GrayRobinson, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 301 S. Bronough St.

Suite, Apt. #, Etc.
 600

City
 Tallahassee

State
 FL

Zip Code
 32301

E-mail Address:
 800242329048
 12/03/12--01002--012 **521 35
 shawn.heath@gray-robinson.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 *Shawn M. Heath* Date 11/29/2012
 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
MGRM	Suzanne Carter	37 Palmer Lane	East Dennis, MA 02641 800242329048 12/17/12--01001--006 **133 75
REINSTATEMENT 09-12			

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. 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.817.165, F.S.

Signature of Managing Member/Manager *Suzanne Carter* Date 6/10/12 Daytime Phone # 508-737-9333
 Typed or printed name of signing Managing Member/Manager Suzanne Carter