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To:
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Fax Number : (850)617-6383

From:
Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727)441-8966
Fax Number : (727)442-8470

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
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LIMITED LIABILITY REINSTATEMENT
BEACH B, LLC

Certificate of Status	1
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name
BEACH 8, LLC Document # L08000112925

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
306 HICKORY LANE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LARGO, FL	City & State
Zip: 33770 County: PINELLAS	Zip Country

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 12/10/2008

6. FEI Number: 26-3851126 Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name: FRANCES BARTLETT
Street Address (P.O. Box Number is Not Acceptable): 308 HICKORY LANE
Suite, Apt. #, Etc.
City: LARGO State: FL Zip Code: 33770

E-mail Address:
(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 _____ Date 9-30-2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGMR	FRANCES BARTLETT	308 Hickory Lane	Largo, FL 33770

11. I certify that I am managing member/manager or the natural 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 corrected, the limited liability company name satisfies the requirements of section 608.408, 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 Frances Bartlett Date 9-30-2013 Daytime Phone # (727) 441-8988

Typed or printed name of signing Managing Member/Manager FRANCES BARTLETT