


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP -7 AM 9:15

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L9800002949 1. Limited Liability Company's Name Gulf Front Beach, L.C.			
2. Principal Office Address 1710E Gulf Drive North Suite, Apt. #, etc.		3. Mailing Office Address P. O. Box 182 Suite, Apt. #, etc.	
City & State Bradenton Beach, FL Zip 34217 Country Manatee		City & State Winter Haven, FL Zip 33882 Country Polk	
4. State/Country of Formation Florida			
5. Date Organized or Qualified To Do Business in Florida 11-20-1998			
6. FEI Number 59-3545908			Applied For <input type="checkbox"/> 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		
Name H. Lynn Hazlett		
Street Address (P.O. Box Number is Not Acceptable) 1710E Gulf Drive North		
Suite, Apt. #, Etc.		
City Bradenton Beach	State FL	Zip Code 34217

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 *H. Lynn Hazlett* Date 8/30/05
 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	H. Lynn Hazlett	1710E Gulf Drive North	Bradenton Beach, FL 34217
			700059813637 09/21/05--01015--002 **250.00
			REINSTATEMENT 03-05

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 608.408, 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.

Signature of Managing Member/Manager *H. Lynn Hazlett* Date 8/30/05 Daytime Phone # **863-670-6719**
 Typed or printed name of signing Managing Member/Manager **H. Lynn Hazlett**

CR2EM1 (10/02)