

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2008 OCT -3 PM 4:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

500136438665  
09/29/08--01061--008 \*\*377.50

CR2E041 (12/07)

DOCUMENT # L98000002949

1. Limited Liability Company's Name

Gulf Front Beach LC

2. Principal Office Address - No P.O. Box #

110 12th Street South

3. Mailing Office Address

P. O. Box 273

Suite, Apt. #, etc.

Unit 122

Suite, Apt. #, etc.

City & State

Bradenton Beach, FL

City & State

Bradenton Beach, FL

Zip

34217

Country

USA

Zip

34217

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

11-20-98

6. FEI Number

59-3545908

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

John R. Touchton

Street Address (P.O. Box Number is Not Acceptable)

110 12th Street South

Suite, Apt. #, Etc.

Unit 122

City

Bradenton Beach,

State

FL

Zip Code

34217

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

*John R. Touchton*

Date 9-23-08

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	John R. Touchton	110 12th Street South Unit 122	Bradenton Beach, FL 34217

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.

Signature of Managing Member/Manager

*John R. Touchton*

Date 9-23-08

Daytime Phone # 863-289-8989

Typed or printed name of signing Managing Member/Manager

John R. Touchton