

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
02 FEB 22 PM 12:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# L00000005660

1. Limited Liability Company's Name

559 Beach, L.L.C.

REINSTATEMENT

2001-
2002

2. Principal Office Address

2821 Cattleman Lane

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Sarasota

City & State

Zip

34232

Country

Sarasota

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

5/17/2000

6. FEI Number

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

Bruce P. Chapnick

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

2033 Main Street

Suite, Apt. #, Etc.

Suite 600

City

Sarasota

500005024735--7

-02/27/02--01077-026

****205.00 ****205.00

State

FL

Zip Code

34237

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligation

ns of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 2/21/02

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
Manager	JPT Enterprises, L.L.C. by Joseph Tortoretti, manager	2821 Cattleman Lane	Sarasota, FL 34232

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in filing this reinstatement application. The reason for dissolution has been eliminated, the limited liability company name satisfies all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate as if made under oath.

chapter 608, F.S. If further certify that when
the requirements of section 608.406, F.S., and that
te, and my signature shall have the same legal effect

Signature of
Managing Member/Manager

[Signature]

Date 2/21/02

Daytime Phone # (941) 308-2001

Typed or printed name of signing Managing Member/Manager

Joseph A. Tortoretti

CR2E041(9/01)