

Division of Corporations

Page 1 of 1

LO4000061035

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000184443 3))



H080001844433ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHUTTS & BOWEN LLP OPERATING ACCOUNT
Account Number : I20030000037
Phone : (561)835-8500
Fax Number : (561)650-8530

RECEIVED
08 JUL 30 PH 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 30 AM 9:53
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY REINSTATEMENT

BEASLEY'S COURTYARD, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	-\$316.25**

\$416.25

PLEASE NOTE ON THE REINSTATEMENT FORM THAT THE BOX REQUESTING A WAIVER OF THE REINSTATEMENT FEE IS CHECKED. PLEASE CREDIT OUR ACCOUNT \$100.00. ACCORDINGLY. THANK-YOU

Electronic Filing Menu

Corporate Filing Menu

G. MCLEOD Help


JUL 31 2008

(((B08000184443 3)))

REINSTATEMENT 06-08

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 JUL 30 AM 9:53

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L04000061035 1. Limited Liability Company's Name BEASLEY'S COURTYARD, LLC			
2. Principal Office Address - No P.O. Box # 625 OKEECHOBEE BLVD. <small>Suite, Apt. #, etc.</small> SUITE 1100 <small>City & State</small> WEST PALM BEACH, FL <small>Zip</small> 33401		3. Mailing Office Address 625 OKEECHOBEE BLVD. <small>Suite, Apt. #, etc.</small> SUITE 1100 <small>City & State</small> WEST PALM BEACH, FL <small>Zip</small> 33401	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 08/17/2004	
6. FEI Number 841874357		<input type="checkbox"/> 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 <small>Name</small> CORPORATION COMPANY OF MIAMI (dag) <small>Street Address (P.O. Box Number is Not Acceptable)</small> 625 OKEECHOBEE BLVD. <small>Suite, Apt. #, Etc.</small> SUITE 1100 <small>City</small> WEST PALM BEACH			
<small>State</small> FL		<small>Zip Code</small> 33401	
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. <small>Signature of Registered Agent</small> <i>J. A. ...</i> <small>Date</small> 7/30/08 <small>REGISTERED AGENT MUST SIGN</small>			
10. Names and Street Addresses of Managing Members/Managers			
<small>Title</small>	<small>Name of Managing Member/Managers</small>	<small>Street Address of Each Managing Member/Manager</small>	<small>City / State / Zip</small>
MAN	JAMES W. BEASLEY JR.	606 SO. FLAGLER DR., SUITE 1500	W. PALM BEACH, FL 33401
MAN	ELIZABETH MARSHALL-BEASLEY	608 SO. FLAGLER DR., SUITE 1500	W. PALM BEACH, FL 33401
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 608.409, 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. <small>Signature of Managing Member/Manager</small> <i>James W. Beasley, Jr.</i> <small>Date</small> July 29 2009 <small>Daytime Phone</small> 81935-0900 <small>Typed or printed name of signing Managing Member/Manager</small> JAMES W BEASLEY, JR.			

(((B08000184443 3)))