

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA PARTNERSHIP
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L00000003259**

1. Limited Liability Company's Name

C + P Beach Properties, LLC

2. Principal Office Address

20 S. 1st Street, #7

Suite, Apt. #, etc.

#7

City & State

JACKSONVILLE FL

Zip

32250

Country

U.S.A.

3. Mailing Office Address

2101 BEACH AVE.

Suite, Apt. #, etc.

City & State

ATLANTIC BEACH FL

Zip

32233

Country

U.S.A.

02 SEP 11 AM 9:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

400007808474--2

-09/17/02--01064--029

****200.00 ****200.00

9/11 2001-2002

4. State/Country of Formation

FL - U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$500 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Fred L. Ahern, Jr. Buschman, Ahern, Persons + Bankston

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

2215 South Third Street

Suite, Apt. #, Etc.

Suite 101

City

Jacksonville Beach

State

FL

Zip Code

32250

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8-21-2002**

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
Ms	CHINTA PERERA	2101 BEACH AVENUE	ATLANTIC BEACH FL 32233
Mr	Charith Perera	2101 BEACH AVENUE	ATLANTIC BEACH FL 32233

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

Chinta M. Perera

Date

8/28/02

Daytime Phone #

904-246-2932

Typed or printed name of signing Managing Member/Manager

CR20041 (9/01)