

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REINSTATEMENT 2001

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 OCT 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

Beach Dreamer Homes, LLC

L-4051

2. Principal Office Address

108 Westcott Cr

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip

32456

Country

Gulf

3. Mailing Office Address

108 Westcott Cr

Suite, Apt. #, etc.

City & State

Port St. Joe, FL

Zip

32456

Country

Gulf

4. State/Country of Formation

Florida/Gulf

5. Date Organized or Qualified
To Do Business in Florida

03/15/2000

6. FEI Number

59-360067

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

Willard Paul Gilbert

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

108 Westcott Cr

Suite, Apt. #, Etc.

City

Port St. Joe, FL

State

FL

Zip Code

32456

100004650001-2

-10/23/01-01037-023

****150.00 ****150.00

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

Willard P. Gilbert

Date **10/15/01**

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
MGRM	Willard P. Gilbert	108 Westcott Cr	Port St. Joe, FL 32456
MGRM	Alan Royal	7318 Alabama Ave.	Port St. Joe, FL 32456
MGRM	James Rigdon	2229 Arabi-Warwick Rd	Cordele, GA 31015

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

Willard P. Gilbert

Date **10-15-01**

Daytime Phone **(850) 227-8102**

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)