2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
2004 NOV 29 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000005008

1. Entity Name
BETH-ERIC, L.L.C.

Principal Place of Business	Mailing Address
2745 E OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE, FL 33306	2745 E OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE, FL 33306

11152004 REIN-LLC CR2E101 (6/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1069746 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JOHASKY, THOMAS
% MANAGEMENT RECRUITERS
1700 EAST LAS OLAS BOULEVARD, PENTHOUSE 5
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name: JOHASKY, THOMAS

Street Address (P.O. Box Number is Not Acceptable): 2745 E OAKLAND PARK BLVD SUITE 200

City: FORT LAUDERDALE FL Zip Code: 33306

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: X T.K. Johasky T.K. JOHASKY 11-18-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2005, Fee will be $200.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM JOHASKY, THOMAS 2745 E OAKLAND PARK BLVD SUITE 200 FORT LAUDERDALE, FL 33306	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500043047005 11/29/04--01070--002 **150.00	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X T.K. Johasky T.K. JOHASKY 11-18-04 954-958-0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #