

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

04 JUN 14 AM 10:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

2003-
2004

DOCUMENT # 1000000936

1. Limited Liability Company's Name

BEACH VACATIONS, LLC

90 CHERYL WYNN

2. Principal Office Address

4460 BELFountain St.

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 511144

Suite, Apt. #, etc.

City & State

Port Charlotte, FL

City & State

Punta Gorda, FL

Zip

33948

Country

U.S.A.

Zip

33951

Country

U.S.A.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

2000

6. FEI Number

651048826

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

CHERYL G. WYNN

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

4460 Belfountain Street

Suite, Apt. #, etc.

City

Port Charlotte

State
FL

Zip Code

33948

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

Cheryl G. Wynn

REGISTERED AGENT MUST SIGN

Date

4-29-04

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	CHERYL G. WYNN	4460 Belfountain St.	Port Charlotte, FL 33948
			000038020300 06/16/04--01056--002 **205.00

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

Cheryl G. Wynn

Date

4-29-04

Daytime Phone #

941-766-8126

Typed or printed name of signing Managing Member/Manager