

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 OCT 25 AM 10:44

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001184

Name and Mailing Address

0005188.01 FP 0.352 **PRSRT T6 0 0615 33715-198544



BEACH GEEKS LLC
344 MADEIRA CIRCLE
TIERRA VERDE FL 33715-1985



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 344 MADEIRA CIRCLE TIERRA VERDE FL 33715		5. Date Organized or Qualified To Do Business in Florida 01/23/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 593694090	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent BUSINESS FILINGS INCORPORATED 1000 WEST AVE., SUITE 1114 MIAMI BEACH FL 33139		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200008597182 10/25/02--01087--005 **150.00 City FL Zip Code	
10. 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 <i>[Signature]</i> Date 10/21/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	BRIAN J TRACY	344 MADEIRA CIRCLE	TIERRA VERDE, FL, 33715
MEMBER	DENISE TRACY	11	11

CR2E084 (8/02)

12. 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

Date 10/21/02

Daytime Phone # 727 320 8320

Typed or printed name of signing Managing Member/Manager