

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SEC. OF STATE  
DIVISION OF CORPORATIONS

06 FEB 24 AM 9:40

**DOCUMENT # L01000002283**

**1. Limited Liability Company's Name**

Terraces at Beachside, LLC

700067303637

03/07/06--01018--015 \*\*250.00

CR2E041 (8/05)

**2. Principal Office Address**

1144 Canton St

**3. Mailing Office Address**

1144 Canton St

Suite, Apt. #, etc.

Ste 205

Suite, Apt. #, etc.

Ste 205

City & State

Roswell, GA

City & State

Roswell, GA

Zip

30075

Country

USA

Zip

30075

Country

USA

**4. State/Country of Formation**

**5. Date Organized or Qualified  
To Do Business in Florida**

2/13/2001

**6. FEI Number**

58-2601731

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

A. J. Tomassetti

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

406 Ash Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

**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

Date

2/7/2006

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
MGR	Salma H Ahmed	1144 Canton St Ste 205	Roswell, GA, 30075

**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

Date

2/6/06

Daytime Phone #

770552-6747

Typed or printed name of signing Managing Member/Manager

Salma H. Ahmed