

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -2 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # LO1000010014

1. Limited Liability Company's Name

BEUS, LLC

2. Principal Office Address

801 International Parkway

Suite, Apt. #, etc.

5th Floor

City & State

Lake Mary, FL

Zip

32746

Country

USA

3. Mailing Office Address

801 International Parkway

Suite, Apt. #, etc.

5th Floor

City & State

Lake Mary, FL

Zip

32746

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

06/14/2001

6. FEI Number

59-3724340

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

David C. Willis

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

300 S. Orange Avenue

Suite, Apt. #, Etc.

Suite 1400

City

Orlando

State

FL

Zip Code

32801

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 March 30, 2004

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
P	Christian Bohyn	5417 Shingle Creek Drive	Orlando, FL 32821

REINSTATEMENT 03-04

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 02-23-04 Daytime Phone # 321 443 4448

Typed or printed name of signing Managing Member/Manager Christian Bohyn

CR2E041 (10/02)