L01000011009

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2002 DEC 23 AM 11:41
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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12/23/02--01064--007 **245.00

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # L01000011009

1. Limited Liability Company's Name
DeBeaux Investments, LLC

2. Principal Office Address	3. Mailing Office Address
1811 SE 21 AVE	4737 N OCEAN DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	# 104
City & State	City & State
LBTS, FL	FORT LAUDERDALE
Zip / Country	Zip / Country
33062 US	33338 US

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 80-0027268 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: ROBIN CARAL SHAW
Street Address (P.O. Box Number is Not Acceptable): 980 N FEDERAL HWY
Suite, Apt. #, Etc.: SUITE 401
City: BOCA RATON | State: FL | Zip Code: 33432

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: R. Shaw
REGISTERED AGENT MUST SIGN
Date: 12-19-02

CR2E061 (1/01)

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
CEO	R. SCOTT BEAUMONT	1811 SE 21 AVE	LAUDERDALE BY THE SEA FL 33062
DIR	PATRICIC J THOMAS	2751 NE 6TH STREET	POMPANO BEACH FL 33062

REINSTATEMENT
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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: [signature] Date: 12/19/02 Daytime Phone # 954 815 6139

Typed or printed name of signing Managing Member/Manager