

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2005 APR 19 PM 4:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000011439**

1. Limited Liability Company's Name

Miramar Beach Access, LLC

2. Principal Office Address

1234 Airport Road

Suite, Apt. #, etc.

Suite 215

City & State

Destin, FL

Zip

32541

Country

U.S.

3. Mailing Office Address

1234 Airport Road

Suite, Apt. #, etc.

Suite 215

City & State

Destin, FL

Zip

32541

Country

U.S.

4. State/Country of Formation

Florida/United States

5. Date Organized or Qualified  
To Do Business in Florida

7/13/2001

6. FEI Number

010656420

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

Richard Olson

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

1234 Airport Road

Suite, Apt. #, Etc.

Suite 215

City

Destin

State

FL

Zip Code

32541

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

X

REGISTERED AGENT MUST SIGN

Date

4/6/05

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	Richard Olson	1234 Airport Road, Suite 215	Destin, FL 32541 - - -
MGR	Norman S. Rosen	2333 Brickell Ave., Suite D-1	Miami, FL 33129

**REINSTATEMENT** 2003-05

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

X

Date

Daytime Phone# (850) 650-2858

Typed or printed name of signing Managing Member/Manager Richard Olson

CR2E041 (10/02)